



Reading, writing, and fun  
everywhere you tramp.  
Enjoy all this, plus Spanish and art,  
at **READ's** Reading and Writing Camp!!

**Who runs the camp?** Professional staff from **READ, LLC!**

**For whom is the camp?** Children of all ability levels in Kindergarten through fifth grade.

**When/Where?** The week of July 18, 2011 (Monday –Friday); 9 am-4 pm; Our Lady of Perpetual Help School in Ellicott City!

**Cost?** **THE ECONOMY IS SLOWER, SO OUR REGISTRATION FEE IS LOWER!** \$369/week. Other Discounts Available!

**How to sign up:** Mail registration form and check (made payable to **READ**) to the address on the form by July 1.

For more information, call Annette at 410-707-9930 or visit [www.readforalifetime.com](http://www.readforalifetime.com).

*Registration Form on Back*

**READ's Reading and Writing Camp!**

**Please print! Complete one form per family.**

1. Name(s) of Child/Children: \_\_\_\_\_

2. Grade(s) child/children will be entering in the fall: \_\_\_\_\_

3. Address: \_\_\_\_\_

4. Phone Number: \_\_\_\_\_

5. Parent/Guardian Name: \_\_\_\_\_

6. Parent/Guardian Contact Information:

Home phone number: \_\_\_\_\_

Work phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

7. \$369/week. Two or more children at \$299 each. 10% Bring A Friend Discount (for both you and your friend). 10% Current Client/Former Client Discount.

Amount Enclosed: \_\_\_\_\_

8. List any allergies or medical conditions that **READ** should be aware of:

\_\_\_\_\_

9. I agree to the following terms and conditions:

A. I, the parent/guardian, will provide a snack, a lunch, and drinks for my child/children each day. I agree not to send any peanut products.

B. I, the parent/guardian, give permission for **READ** to have my child/children transported by Howard County emergency personnel to the nearest hospital in the event of an emergency.

C. On behalf of my child/children and myself, I agree to hold **READ** and its staff harmless from any and all claims for damages unless due to the sole negligence of **READ** and its staff.

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

10. **READ** would like to take photos that may include your child/children. The photos will be placed on **READ's** website, without naming him/her/them. Please indicate your consent by signing below.

Signature of parent/guardian: \_\_\_\_\_

Please mail this registration form and your check (made payable to **READ**) to the following address by July 1:

**READ**  
2921 Montclair Drive  
Ellicott City, MD 21043