



**SUMMER PROGRAM**

**APPLICATION FORM**

JUNE 24 – AUGUST 2, 2019\*

**Student Information**

Student Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Adopted: Yes\_\_ No\_\_ Does child know: Yes\_\_ No\_\_

If adopted, at what age did child join your family? \_\_\_\_\_ Does child live with both parents? Yes\_\_ No\_\_

If no, please indicate who child lives with: \_\_\_\_\_

If parents are divorced or separated, what is the custody arrangement? \_\_\_\_\_

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**Parent/Guardian Information**

First Name(s): \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Preferred method of contact: \_\_\_\_\_

**Please choose ONE of the following Summer Program options (and Speech and Language Therapy if applicable):**

- Both Sessions One and Two: Summer Program (June 24 – August 2)- \$5,320\***  
*(\*\$100 discount!)*
- Session One: Three-week Summer Program (June 24—July 12)- \$2,710**
- Session Two: Three-week Summer Program (July 15 –August 2)-\$2,710**
- Speech and Language Therapy\*** *(student must have existing Speech and Language services) \*offered as a supplement to the regular program for an additional fee*

Describe your student's diagnosis with regard to learning difficulties (for example: speech and language, ADHD, dyscalculia, dysgraphia, anxiety). Please be specific, and use an additional page if necessary.

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Please describe your child's feelings about school:

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**\*Summer Program 2019 is three hours, from 9am-noon daily (no session July 4), with the same schedule for your child from 9am-12pm every day; one of these hours is dedicated to individual educational therapy. Please list your top two choices for academic and enrichment classes from 9am-12pm. Your child will have *one* Academic class and *one* Enrichment class (the same one) each morning. Please choose preferred classes below:**

**Academic Classes (Choose 2)**

- Reading/Reading Decoding
- Math Word Problems/Concepts & Skills
- Reading Comprehension (elementary)
- Test-Taking Skills (middle school)
- Creative Writing
- Written Language Instruction
- Pragmatic Language/Social Skills\*
- Reading Comprehension/Analysis

**Enrichment Classes (Choose 2)**

- Music: Vocal, Rhythm & Composition
- Art Projects
- Keyboarding Skills
- Health and Fitness
- Gardening/Botany
- Leadership/Teambuilding
- Board & Card Game Fiesta
- Hip Hop/Capoeira

\*additional fee for this group

**Unless otherwise noted, classes are open to all ages. Placement will be based on the interest expressed, the availability for retaining small class size, and the enrollment. Enrichment classes will be scheduled around academic and educational therapy sessions, which are scheduled as a priority. Not all classes may be offered (due to low enrollment in that specific class).**

*While the Clinic will make every effort to accommodate your requests, please know that classes are based on availability, as well as the current enrollment of grades and ages for each session. See attached sheet for class descriptions.*

**\*\*Students must be picked up promptly after the program ends at noon, within a 15 minute grace period. Any family who picks up their child more than 15 minutes from the end of the program day will be charged a late fee of \$10 per 15 minutes late that will be billed through the business office.**

## How to apply:

- Please complete and return this form to via email [or snail mail: *Raskob Learning Institute, 3520 Mountain Blvd, Oakland, CA 94619 (Attn: Polly Mayer)*] with your **non-refundable** \$150 application fee.
- Please also provide copies of most recent report cards, IEPs and reports, and STAR/SBAC testing results.
- ***If psychological testing, neuropsychological testing, speech and language evaluations, and/or psychoeducational evaluations are available please submit copies of these, as well.***
- New families must complete a Raskob Clinic Application (available on website, [www.raskobinstitute.org](http://www.raskobinstitute.org)).

## Notification & Payment:

If the Summer Program seems to be a good fit for your child, you will be notified of acceptance within two weeks of application. Your deposit will be applied to the tuition of the Summer Program. **The balance is due in full by June 1. After June 1, the full payment is required upon acceptance.** If you have any questions, please contact Polly Mayer ([mayer@hnu.edu](mailto:mayer@hnu.edu) or 510-436-1104), or visit [www.raskobinstitute.org](http://www.raskobinstitute.org).

## Refunds:

You will receive a refund of 90% tuition, if you cancel on or before June 1<sup>st</sup>. You will receive a 50% refund of tuition if you cancel before the first day of your selected session(s). After your selected session has begun, you will not be entitled to a refund.

## Please Note:

**Raskob's programs are intended to serve bright students with language-based learning disabilities, and may not be able to meet the needs of students who exhibit disruptive, oppositional and/or moderate to severe behavioral difficulties.**

**The baseline for attending Raskob programs requires that a child is able to attend and participate in individual and small group sessions, and that they are able to self-regulate in such a way that his/her learning differences are not a distraction to themselves or others.**