



THE SUMMER TRAILS EDGE PROGRAM

Education ● Discovery ● Growth ● Excellence

Please enroll _____ in the Summer Trails EDGE Program.

Please Circle Subject Choice

Reading Math Other _____

Please register my child for the following days and weeks:

1-6/28-7/2

5-7/26-7/30

Tuesday

2-7/6-7/9

6-8/2-8/6

Wednesday

3-7/12-7/16

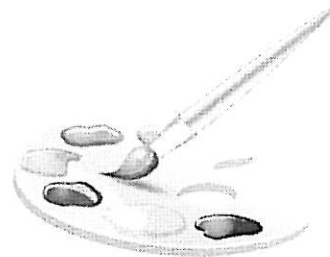
7-8/9-8/13

Thursday

4-7/19-7/23

8-8/16-8/19

Each session is \$35 or \$15 additional for children already enrolled in extended day.



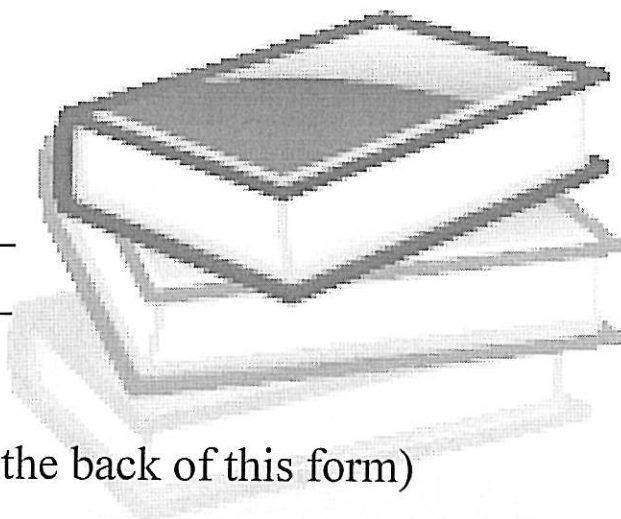
- I am paying by check
- Please bill my credit card.

Credit Card # _____

Expiration Date _____

Signature _____

(additional questions on the back of this form)



Educational Questionnaire

One of our teachers will call you to discuss your answers to the following questions. Please list contact parent and best daytime number for us to reach you.

Name _____ Phone _____

- 1) Describe your child's strength in this subject
- 2) Describe your child's weakness in this subject
- 3) What overall goal would you like us to work on?
- 4) What suggestions did your child's current teacher make to improve upon his/her skills?
- 5) Has your child's teacher provided you with a summer learning guide?
- 6) How would you describe your child's learning style
- 7) This program will be successful in my eyes if my child...
- 8) Is there anything additional you'd like to share regarding your child's tutoring?