

Mail or fax with payment to:  
County Speech  
411 Camino del Rio S., Ste. 101  
San Diego CA 92108

Questions? Contact Cory Pickett  
cory@county-speech.com  
Phone: (619) 574-8181  
Fax: (619) 574-0802



## Reading STARS After School Enrichment Encinitas Union School District Registration Session I 2011



### Student Information *Please complete one form for each student.*

Student's name \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

School/Grade \_\_\_\_\_ Age \_\_\_\_\_ Sex:  M  F

Parent or guardian \_\_\_\_\_

Address, City, State and Zip Code \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Referred by \_\_\_\_\_ Has student ever participated in Reading STARS before? \_\_\_\_yes\_\_\_\_ no

After each class student will go to Extended Day Child Care Program \_\_\_\_\_ **OR** will be picked up by \_\_\_\_\_.

### Registration Procedure:

Please complete a registration form for each student and return it to County Speech with payment in full to reserve your child's space. Please mail a check made out to County Speech or provide credit card information below to confirm a space for your child. Enrollment limited to 15 children per class.

The session you are registering for is:

**Capri Elementary School**  
Monday's and Wednesday's  
2:25-3:55pm

**Week of August 29 – Week of November 7**  
(8/29, 31, 9/7, 12, 14, 26, 28, 10/3, 5, 10, 12, 24,  
26, 31, 11/2, 7, 9)

**Price: \$225**  
(\$15/class, 15 classes)

### For Payment by Credit Card:

Name as it appears on Card:

\_\_\_\_\_

Circle one:      Visa      M/C

Credit Card Number:

\_\_\_\_\_

Expiration date (mo./year) \_\_\_\_\_

The undersigned hereby gives permission for the student named above to take part in all of the Reading STARS activities, including outdoor games, photographs for promotional purposes, and absolves County Speech and the Encinitas school district from liability for any injury incurred by the student at school or during a school activity. In the event of illness or accident to the student and the above people can not be reached, school personnel is authorized to provide first aid, transport the student to any hospital and to authorize emergency medical or dental care by a duly licensed physician or dentist, and hospital care. The undersigned shall indemnify and hold harmless the school, County Speech, and any representative of it from and against any and all liability that may occur as a result of the exercise of the foregoing consent.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_