



## Registration Form

Service:  Reading

Child name:

Child Birthday:

(Needed to calculate test score)

Child's Teacher:

Address:

Zip Code:

Parent Email:

Parent Phone

Parent Signature:

Print Parent Name as it Appears on Credit Card:

Circle Card Type: Visa      Master      Discover

Credit Card Number:

Expiration Date:

Fees:              Evaluation-\$120              45 Minute Session-\$55

Fax: 407-523-8215