

Please fill out this form and mail it to Dr. Cynthia Krug, Eliot-Pearson Department of Child Study and Human Development, Tufts University, 105 College Avenue, Medford, MA 02155. To hold your c2hild's place in the program, please include a nonrefundable deposit of \$100.00 (which will be applied to the tuition).

Applications for Financial Aid are due May 12. FULL TUITION IS DUE MAY 30, 2017. Checks should be made payable to the Trustees of Tufts College.

Child's Name:	Date of Birt	Date of Birth:	
School:	Current Gro	_ Current Grade:	
Please check off the dates you are reg	gistering for:		
Session 1: Brush Up Your Skills July 24 – August 4	Session 2a: Science Week August 7 – August 11		
T-Shirt Size: Youth:SML _	_Adult Small		
Teacher: I give the teacher named above perm with members of the Tufts Literacy Cor	nission to share information of	about my child's educational needs	
Parent/Guardian	Parent/Guo	_ Parent/Guardian	
Home Address:	Home Addi	Home Address:	
Home Phone:	Home Phor	Home Phone:	
Cell Phone:	Cell Phone:	Cell Phone:	
Email:	Email:	Email:	

At times we take pictures of tutors and children to include in TLC publications such as the TLC Bulletin. We also showcase children's accomplishments on the Tufts campus and in local sites. All displays highlight children's excellent work, and are intended to leave the children feeling proud of their accomplishments.

My child may be photographed.	My child may not be photographed.
My child may be videotaped.	My child may not be videotaped.
My child may be audiotaped.	My child may not be audiotaped.
My child's work may be displayed	My child's work may not be displayed.

Permission to walk off site: My child is permitted to walk to nearby sites accompanied by Literacy and the Arts counselors. I understand that I will be notified before all trips, with the exception of the daily walk to the nearby Tufts field for sports activities. ___yes ___no

Please answer the following questions and let us know a bit more about your child. Thanks

- 1. Please describe your child, including favorite activities, personal strengths and academic needs.
- 2. What would you like your child to learn, or master, this summer?

3. Does your child have any health issues that will affect his or her summer activities? Are there special health issues we should know about?

4. Has your child struggled to manage his or her behavior in school? Please explain:

5. What is the best kind of setting for your child? How does he or she learn best? Has your child been evaluated for learning difficulties? If so, please let us know how we can best support your child's learning.