

JPW Learning Center Summer Program Enrollment Form

Name _____ Age ____ DOB ____/____/____

Address _____

Phone: hm: _____ wk: _____ other(s): _____

Emergency contact:

School Attending: _____

Grade in last School Year: _____

How did you find out about the JPW Learning Center?

Do you have a previous diagnosis? Y N (please provide documentation)

Has your child been tested? Y N (please provide documentation)

Briefly describe history (health, family, school) and concerns over learning difference and what sort of help you would like to receive from us:

