Reading/Writing Learning Clinic
SUMMER 2019
REGISTRATION INFORMATION
Welcome to the Reading/Writing Learning Clinic

Hofstra University’s Reading/Writing Learning Clinic at the Joan and Arnold Saltzman Community Services Center is dedicated to providing state-of-the-art literacy support services for children, adolescents, and adults who seek to develop their abilities and confidence as readers and writers in a safe and supportive environment. Instructional services are designed to foster literacy growth and allow learners to take risks as they develop their proficiency as readers and writers. All professional services are provided by New York state-certified educators, who offer parents straightforward advice about how to support their children’s literacy growth. The Literacy Program at Hofstra's Reading/Writing Learning Clinic provides the perfect balance of instructional support to keep your child engaged in relevant literacy experiences during the summer months. Our goals are to:

• Build students’ literacy strengths in a small learning community.
• Develop confident readers and writers.
• Support the use of proficient reading and writing strategies.

About the Summer Literacy Program

Intensive reading and writing strategy instruction classes begin July 1, 2019, and extend through August 9, 2019. Group classes (maximum of five students per group) meet Monday through Friday for two hours each day. Each session is two weeks in duration; families may register for group instruction for one, two, or all three summer sessions. For individual instruction, classes meet twice a week for one hour; families can choose to register for individual classes in a four- or six-week session.

Literacy Instruction

Summer is an ideal time to nurture the joys of reading and writing in your child. Through books, readers enter new worlds, explore their interests, and fuel their imaginations. Through writing, young authors create their own worlds and discover their own voices. Strengthening literacy skills over the summer months builds learners’ confidence and interest in reading and writing and prepares learners for the challenges of the upcoming school year. New York state-certified educators carefully craft unique learning experiences based on the interests of the learners, ensuring that reading and writing remain fun and meaningful. Whether you are looking for an opportunity to develop your child's skills and strategies to successfully address the challenges of the New York State English Language Arts curriculum, to inspire and motivate a reluctant reader or writer, or to explore the joys of reading and writing, there is something for every learner in the Summer Literacy Program.
Summer 2019 Policies

Student Progress
Instructors will arrange a parent/guardian conference before the conclusion of the instructional session. Student progress reports are provided at the conference.

Absences/Lateness
Please make every effort to arrive promptly for your child's instructional sessions. If your child needs to miss a session, please call the Reading/Writing Learning Clinic at 516-463-5805. We ask that you contact us in advance so that your child's instructor may be notified in a timely manner.

Payment
A payment agreement must be signed and included with your registration. Failure to do so may result in a delay in registration for your child. Instructional fees are due according to your payment agreement. All balances must be paid in full by the first day of class.

Instructional fees are not refundable, and fees for service will not be adjusted due to absence(s). Class sessions missed due to absence will not be made up by the instructor.

Withdrawal
If you wish to discontinue instruction, you must notify the Reading/Writing Learning Clinic in writing. All refunds or credits for withdrawal are at the discretion of the director and are contingent upon the date of receipt of written notification.

If you withdraw from the Reading/Writing Learning Clinic before the third scheduled class, a prorated refund will be made; no refunds will be applied on withdrawals after the third scheduled class. The Reading/Writing Learning Clinic charges a $35 administration fee per program change, including withdrawals.

Library
We are pleased to provide your child with the opportunity to borrow books from our library. Your cooperation is requested in returning our library books promptly. Parents/Guardians will be charged for lost library books.

All forms must be sent to the Joan and Arnold Saltzman Community Services Center. You may mail them to:
Reading/Writing Learning Clinic
131 Hofstra University, Hempstead NY 11549-1310
Or fax them to: 516-463-4831

Please call 516-463-5805 for further information.
In order to confirm placement in our program, please complete the enclosed registration forms, and return them with a $100 registration deposit. Please note that your $100 deposit is fully applicable to your tuition. Registration forms received by **June 3, 2019**, are eligible for a discount on your tuition. See payment schedule (page 10) for more details.

**Reading/Writing Fee Schedule**

**Small Group Literacy Instruction**

Classes meet Monday through Friday for two (2) hours of literacy instruction per day, with up to five (5) students per group.

<table>
<thead>
<tr>
<th>Summer Session 1</th>
<th>Summer Session 2</th>
<th>Summer Session 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1-12: 9 classes</td>
<td>July 15-26: 10 classes</td>
<td>July 29-August 9: 10 classes</td>
</tr>
</tbody>
</table>

*(University is closed Thursday, July 4; classes are not in session.)*

**One Session**

- Session 1: $390
- Session 2 or Session 3: $435

**Two Sessions***

- Session 1 and Session 2: $800
- Session 1 and Session 3: $800
- Session 2 and Session 3: $840

**Three Sessions***

- Session 1, Session 2, and Session 3: $1,185

*Fees reflect multi-session discount.

**Individual Literacy Instruction**

Classes meet twice a week, Monday and Wednesday or Tuesday and Thursday, for one (1) hour of literacy instruction per day.

**Four Weeks**

<table>
<thead>
<tr>
<th>July 1-26</th>
<th>July 15-August 9</th>
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<tbody>
<tr>
<td>Monday and Wednesday</td>
<td>8 classes</td>
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<tr>
<td>Tuesday and Thursday</td>
<td>7 classes</td>
</tr>
<tr>
<td>Monday and Wednesday</td>
<td>8 classes</td>
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<tr>
<td>Tuesday and Thursday</td>
<td>8 classes</td>
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</tbody>
</table>

**Six Weeks**

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<tr>
<th>July 1-August 9</th>
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<tbody>
<tr>
<td>Monday and Wednesday</td>
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<tr>
<td>Tuesday and Thursday</td>
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</table>

To expedite and ensure proper placement of your child in our summer program, and to benefit from the early registration discount, please return registration forms and deposit by **June 3, 2019**. See page 10 for details.

**Registration Checklist:**

- ✔ Completed Registration Form
- ✔ Completed Registration Survey
- ✔ Completed Student Contact Information Form
- ✔ Completed Subject Release Permission Form
- ✔ Completed Payment Agreement Form

Please call 516-463-5805 for further information.
Kindly return your registration forms and registration fee by June 3, 2019, to benefit from the early registration discount.

Name of Student: _______________________________   Grade as of September 2019: _______

Home Phone: (_____) _______________________________      Student Status:  ■ New  ■ Returning

Date of Birth:______________________________

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**Small Group Literacy Instruction**

*Complete this section only if you are interested in enrolling your child in small group literacy instruction.*

- Classes meet **Monday through Friday for two hours each day**. Each session is two weeks in duration.
- Students are placed in an appropriate group and assigned an instructor based on their individual needs.
- We make every effort to accommodate your preference for time of small group instruction; however, we can only place students when an appropriate group is available.

<table>
<thead>
<tr>
<th>Session</th>
<th>Dates</th>
<th>Grades 1-5</th>
<th>Grades 1-5</th>
<th>Grades 6-9</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>9:30-11:30 a.m.</td>
<td>11:30 a.m.-1:30 p.m.</td>
<td>1:30-3:30 p.m.</td>
</tr>
<tr>
<td>Session 1</td>
<td>July 1-12</td>
<td>9:30-11:30 a.m.</td>
<td>11:30 a.m.-1:30 p.m.</td>
<td>1:30-3:30 p.m.</td>
</tr>
<tr>
<td>Session 2</td>
<td>July 15-26</td>
<td>9:30-11:30 a.m.</td>
<td>11:30 a.m.-1:30 p.m.</td>
<td>1:30-3:30 p.m.</td>
</tr>
<tr>
<td>Session 3</td>
<td>July 29-August 9</td>
<td>9:30-11:30 a.m.</td>
<td>11:30 a.m.-1:30 p.m.</td>
<td>1:30-3:30 p.m.</td>
</tr>
</tbody>
</table>

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**Individual Literacy Instruction**

*Complete this section only if you are interested in enrolling your child in individual literacy instruction. Enrollment is limited.*

- These sessions are for students requiring special attention. Placement requires approval of the director.
- There are no individual classes offered Friday, Saturday, or Sunday.
- The student will be assigned an instructor based on the learner’s literacy needs.
- Requests for an instructor and session time will be granted only if available.
- Classes meet **twice a week for one hour per day**; every effort is made to schedule classes within the student’s first or second choice timeframe.
- There are no refunds for missed hours.

Select one:  ■ July 1-26 (4 weeks)  ■ July 15-August 9 (4 weeks)  ■ July 1-August 9 (6 weeks)

**Days (select one)**

<table>
<thead>
<tr>
<th>Days (select one)</th>
<th>Times (please provide a first and second choice timeframe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday and Wednesday</td>
<td>___ 8:30-9:30 a.m.</td>
</tr>
<tr>
<td></td>
<td>___ 11:30 a.m.-1:30 p.m.</td>
</tr>
<tr>
<td></td>
<td>___ 3:30-5:30 p.m.</td>
</tr>
<tr>
<td></td>
<td>___ 5:30-7:30 p.m. (limited availability)</td>
</tr>
<tr>
<td>Tuesday and Thursday</td>
<td>___ 8:30-9:30 a.m.</td>
</tr>
<tr>
<td></td>
<td>___ 11:30 a.m.-1:30 p.m.</td>
</tr>
<tr>
<td></td>
<td>___ 3:30-5:30 p.m.</td>
</tr>
<tr>
<td></td>
<td>___ 5:30-7:30 p.m. (limited availability)</td>
</tr>
</tbody>
</table>

Is another member of this student’s immediate family attending the Reading/Writing Learning Clinic?

Yes ____    No ____    If yes, please indicate name. ____________________________________________

Please call 516-463-5805 for further information.
Name of Student: ____________________________________________________________

NEW STUDENTS: Please answer all questions below so that we may understand your child’s literacy strengths and needs and provide an appropriate placement for your child in our Literacy Program. You may ask your child’s current teacher to help you complete this part of the survey.

CONTINUING STUDENTS: Please answer any questions below to indicate any changes in your child’s medical condition(s), medication(s), or educational service(s), as well as any newly diagnosed condition(s).

Or, check here for no changes. ❑

Why are you enrolling your child in our Literacy Program?

________________________________________________________

_____________________________________________________________________________________________________________

Is your child receiving any additional support services in school? If so, please describe.

_____________________________________________________________________________________________________________

Please describe your child as a reader. ________________________________________________________________

_____________________________________________________________________________________________________________

Does your child consider themself to be a good reader? ___________________________________________________

What does your child like to read? ____________________________________________________________

Please describe your child as a writer. ______________________________________________________________

_____________________________________________________________________________________________________________

When writing, does your child communicate clearly? ____________________________________________________

_____________________________________________________________________________________________________________

Does your child consider themself to be a good writer? ___________________________________________________

What does your child like to write? ________________________________________________________________

Please indicate if any language(s) other than English is (are) spoken, read, or written in the home.

Does your child speak, understand, read, or write any additional language(s)? ____________________________

Parent/Teacher Comments: _______________________________________________________________________

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

Please provide us with copies of any additional information to help us get to know your child better as a reader and writer. This may include a copy of your child’s latest report card, standardized test scores, or an IEP report if applicable.

Medical Information

Please advise us about any medical conditions or medications that your child is taking (for example, asthma, food or other allergies, seizure disorders, etc.).

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

Please advise us about any diagnosed conditions that may help the literacy educator work more effectively with your child.

___________________________________________________________________________________________________

Has your child had an evaluation at the Reading/Writing Learning Clinic?  Yes _____  No _____  Date _________________

Have you utilized other services at the Saltzman Community Services Center?

Yes _____  No _____  If yes, which clinic? ____________________________

___________________________________________________________________________________________________

Hofstra University Reading/Writing Learning Clinic
Student Contact Information
Summer 2019

Name of Student: ____________________________________________________________

NEW STUDENTS: Please answer all questions below.

CONTINUING STUDENTS: Please answer any questions below to indicate any changes in your child’s contact information.
    Or, check here for no changes. ☐

Date of Birth: ___________________________  Grade as of September 2019: ________________

School: _________________________________  School District: __________________________

Home Phone: (____) ______________________

Home Address: ___________________________________________

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City/Town</th>
<th>ZIP code</th>
</tr>
</thead>
</table>

To be completed for clients 18 years old or younger:

Mother/Guardian: ____________________________________________

Address: ____________________________________________

(If different from above)

Home Phone: (____) __________________________

(If different from above)

Work Phone: (____) __________________________

Cell Phone: (____) __________________________

Email: __________________________________________

Emergency contacts other than parent(s):
*Please note, parent/guardian will be called first.

1) Name ____________________ Phone (____) ___________ Relationship ____________________

2) Name ____________________ Phone (____) ___________ Relationship ____________________

FOR ALL CLIENTS:

I have read and understand the aforementioned Clinic Policies and Registration Information.
I agree to abide by these policies.

_________________________________________  ______________________________________
Parent/Guardian Name (Please print.)  Parent/Guardian Signature (Please sign.)

Please call 516-463-5805 for further information.
I hereby consent to and authorize use and reproductions by Michele Marx and Hofstra University of any and all written materials, audio recordings, photographs and video recordings that are made of or by ____________________________, while attending the Reading/Writing Learning Clinic, photo-positive or photo-negative, for any purpose whatsoever, including, but not limited to, research projects and presentations thereof, without compensation to me. All negatives, positives, and recordings, together with the prints and written material, shall be deemed, solely and completely, the property of Michele Marx and Hofstra University.

Guardian/Parent Signature: ______________________________________________________________

Student: ________________________________ *(Please print student’s name.)*

Date: ________________________________

Parent/Guardian Mailing Address:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Please call 516-463-5805 for further information.
Payment Agreement Form  
Summer 2019

I, ________________________________, select the following option for instructional services
(Please print name of parent/guardian of school-aged child or name of client.)

for ________________________________.
(Please print name of client.)

Please select a payment option for your preferred instructional program.

☐ Small Group Instruction (Please select payment option.)
  ☐ Full payment with registration. If received by June 3, 2019, an early registration discount* applies to the full tuition.
  ☐ Deposit of $100 due with registration; remaining balance calculated by bookkeeper. Full balance is due by the first day of class.
Placement will not be made without a $100 deposit and a signed payment agreement.

☐ Individual Literacy Instruction (Please select payment option.)
  ☐ Full payment with registration. If received by June 3, 2019, an early registration discount* applies to the full tuition.
  ☐ Deposit of $100 with registration; remaining balance calculated by bookkeeper. Full balance is due by the first day of class.
Placement will not be made without a $100 deposit and a signed payment agreement.

Payment plans may be considered in cases of financial hardship. Please call 516-463-5806 for further information.

Are you eligible for a Hofstra employee discount*?
Yes ____  No ____  If yes, please indicate employee’s name: ________________________________

Are you eligible for a sibling discount*?
Yes ____  No ____  If yes, please indicate sibling’s name: ________________________________

*Available Tuition Discounts  (Please note that discounts cannot be combined.)
Early Registration: If payment in full is received by June 3, 2019, see next page for discounted rates.
Hofstra Employee Discount: Hofstra full-time employees are eligible for a discount of 10 percent of the summer 2019 tuition; the employee must be the client or the parent/guardian of the client. The balance must be paid in full by the first day of class.
Sibling Discount: A discount of 10 percent of the summer 2019 tuition per child will be applied; balance must be paid in full by the first day of class.

Acknowledgment/Signature
I understand that any outstanding balance must be paid according to the specified dates, and that failure to make payment may result in termination of service and my account being sent to collection. I further understand that if I withdraw from the Reading/Writing Learning Clinic by the third scheduled class, a prorated refund will be made; no refunds will be applied on withdrawals after the third scheduled class. The Reading/Writing Learning Clinic charges a $35 administration fee per program change, including withdrawals.

Parent/Guardian/Client Signature: ___________________________________________ Date: ________________________________

Credit Card Payment Authorization Form
For your convenience, we accept MASTERCARD and VISA credit cards only as payment for instructional services rendered at the Reading/Writing Learning Clinic.
To process the payment, submit the following information:
Cardholder’s Name: ____________________________________________________________
Client’s Name (if different from cardholder): ______________________________________
Card Type (circle one):    MasterCard  or  Visa
Card Number: ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___
Card Expiration Date: Month/Year ____________________________ Amount: $ _____________
☐ Please check here if you would like us to use this credit card for your balance.
Signature: ___________________________________________ Date: ________________________________

Please return this form with your invoice, statement, or registration in the envelope provided. Thank you.

For payment information, contact 516-463-5806.
## Payment Schedule
### Summer 2019

### Summer 2019 Rates (without early registration discount)

#### Small Group Literacy Instruction

<table>
<thead>
<tr>
<th>One Session</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1</td>
<td>$390</td>
<td></td>
</tr>
<tr>
<td>Session 2 or Session 3</td>
<td>$435</td>
<td></td>
</tr>
<tr>
<td><strong>Two Sessions</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Session 1 and Session 2</td>
<td>$800</td>
<td></td>
</tr>
<tr>
<td>Session 1 and Session 3</td>
<td>$800</td>
<td></td>
</tr>
<tr>
<td>Session 2 and Session 3</td>
<td>$840</td>
<td></td>
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</tbody>
</table>

**Summery Session 1: July 1-12 (no class July 4)  
Summer Session 2: July 15-26  
Summer Session 3: July 29-August 9**

<table>
<thead>
<tr>
<th>Three Sessions***</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Session 1, Session 2, and Session 3</td>
<td>$1,185</td>
<td></td>
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</tbody>
</table>

* Fees reflect multi-session discount.

#### Individual Literacy Instruction

<table>
<thead>
<tr>
<th>Four Weeks</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>July 1-26</td>
<td>Monday and Wednesday 8 classes</td>
<td>$440</td>
</tr>
<tr>
<td></td>
<td>Tuesday and Thursday 7 classes</td>
<td>$385</td>
</tr>
<tr>
<td>July 15-August 9</td>
<td>Monday and Wednesday 8 classes</td>
<td>$440</td>
</tr>
<tr>
<td></td>
<td>Tuesday and Thursday 8 classes</td>
<td>$440</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Six Weeks</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>July 1-August 9</td>
<td>Monday and Wednesday 12 classes</td>
<td>$660</td>
</tr>
<tr>
<td></td>
<td>Tuesday and Thursday 11 classes</td>
<td>$605</td>
</tr>
</tbody>
</table>

~ Summer 2019 Early Registration Rate ~  
Discount if paid in full with registration by June 3, 2019

### Summer 2019 Rates (without early registration discount)

#### Small Group Literacy Instruction

<table>
<thead>
<tr>
<th>One Session</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Session 1</td>
<td>$367</td>
<td></td>
</tr>
<tr>
<td>Session 2 or Session 3</td>
<td>$410</td>
<td></td>
</tr>
<tr>
<td><strong>Two Sessions</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Session 1 and Session 2</td>
<td>$733</td>
<td></td>
</tr>
<tr>
<td>Session 1 and Session 3</td>
<td>$733</td>
<td></td>
</tr>
<tr>
<td>Session 2 and Session 3</td>
<td>$770</td>
<td></td>
</tr>
</tbody>
</table>

**Summery Session 1: July 1-12 (no class July 4)  
Summer Session 2: July 15-26  
Summer Session 3: July 29-August 9**

<table>
<thead>
<tr>
<th>Three Sessions***</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Session 1, Session 2, and Session 3</td>
<td>$1,066.50</td>
<td></td>
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</table>

**Fees reflect early registration and multi-session discounts.**

#### Individual Literacy Instruction

<table>
<thead>
<tr>
<th>Four Weeks</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>July 1-26</td>
<td>Monday and Wednesday 8 classes</td>
<td>$403</td>
</tr>
<tr>
<td></td>
<td>Tuesday and Thursday 7 classes</td>
<td>$353</td>
</tr>
<tr>
<td>July 15-August 9</td>
<td>Monday and Wednesday 8 classes</td>
<td>$403</td>
</tr>
<tr>
<td></td>
<td>Tuesday and Thursday 8 classes</td>
<td>$403</td>
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<table>
<thead>
<tr>
<th>Six Weeks</th>
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<tbody>
<tr>
<td>July 1-August 9</td>
<td>Monday and Wednesday 12 classes</td>
<td>$595</td>
</tr>
<tr>
<td></td>
<td>Tuesday and Thursday 11 classes</td>
<td>$545</td>
</tr>
</tbody>
</table>
Hofstra University is committed to extending equal opportunity to all qualified individuals without regard to race, color, religion, sex, sexual orientation, gender identity or expression, age, national or ethnic origin, physical or mental disability, marital or veteran status in employment and in the conduct and operation of Hofstra University’s educational programs and activities, including admissions, scholarship and loan programs, and athletic and other school-administered programs. This statement of nondiscrimination is in compliance with Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act Amendments Act, the Age Discrimination Act, and other applicable federal, state and local laws and regulations relating to nondiscrimination (“Equal Opportunity Laws”). The Equal Rights and Opportunity Officer is the University’s official responsible for handling inquiries regarding the nondiscrimination policies and coordinating its overall adherence to Equal Opportunity Laws. Questions or concerns regarding any of these laws or other aspects of Hofstra’s Nondiscrimination Policy should be directed to the Equal Rights and Opportunity Officer at EROO@hofstra.edu, 516-463-7310, C/O Office of Legal Affairs and General Counsel, 101 Hofstra University, Hempstead, NY 11549. The University’s Title IX Coordinator, who is responsible for the University’s efforts to comply with and carry out responsibilities under Title IX, can be reached at TitleIXCoordinator@hofstra.edu, 516-463-5841, 214 Roosevelt Hall, Hempstead, NY 11549. For additional contacts and related policies and resources, see hofstra.edu/eoe.