



Reading/Writing Learning Clinic

# Fall 2024 Literacy Program Registration Form

Student's Name:			Date of Birth:	
School and School District:				
Grade as of September 2024:				
Primary Phone:				
Home Address:				
Mother/Guardian:				
Cellphone:			Email:	
Father/Guardian:				
Cellphone:			Email:	

**In-Person Small Group Literacy Instruction: Classes meet Saturdays for 12 two-hour sessions.**  
Please enter a "1" for your preferred instruction time. We will try to accommodate your first choice, but availability may be limited.

Saturday Small Group Instruction, 8:30-10:30 a.m.	\$520
Saturday Small Group Instruction, 10:45 a.m.-12:45 p.m.	\$520

**In-Person Individual Instruction: Please indicate the time period you prefer for 60 minutes of in-person literacy instruction.**

In-Person Individual Instruction, 4-6 p.m.* (60 minutes of instructional time assigned by the program director)	\$660
In-Person Individual Instruction, 6-8 p.m.* (60 minutes of instructional time assigned by the program director)	\$660

*\*Please enter a "1" for your first choice of meeting day and a "2" for your second choice of meeting day.*

<input type="text"/>	Tuesday	<input type="text"/>	Wednesday	<input type="text"/>	Thursday
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**Remote Individual Instruction: Please indicate the time period you prefer for 60 minutes of remote literacy instruction.**

Remote Individual Instruction, 4-6 p.m.* (60 minutes of instructional time assigned by the program director)	\$660
Remote Individual Instruction, 6-8 p.m.* (60 minutes of instructional time assigned by the program director)	\$660

*\*Please enter a "1" for your first choice of meeting day and a "2" for your second choice of meeting day.*

<input type="text"/>	Monday	<input type="text"/>	Tuesday	<input type="text"/>	Wednesday	<input type="text"/>	Thursday
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**Please initial to indicate that you have read the Reading/Writing Learning Clinic's Policies and Procedures listed below.**

<input type="checkbox"/>	I understand that instructional fees are nonrefundable. Payment in full is due at the time of invoice. The Reading/Writing Learning Clinic does not provide makeup sessions for missed classes.
<input type="checkbox"/>	I understand that if I wish to discontinue service, I must email the Reading/Writing Learning Clinic. All refunds or credits are at the discretion of the director. No refunds will be made after the third class. A \$35 administration fee will be charged for all program changes, including withdrawals.
<input type="checkbox"/>	I understand that literacy specialists will arrange a parent/guardian conference before the conclusion of the instructional session.
<input type="checkbox"/>	I understand that if I register for remote individual literacy instruction, my child will participate in the remote platforms of Zoom and/or Google Classroom, as well as any appropriate applications utilized with my child's literacy specialist. My child has access to an electronic device and internet connection to participate in the Reading/Writing Learning Clinic's remote individual literacy instruction.

- ☐ I consent to and authorize the use and reproduction by the Reading/Writing Learning Clinic and Hofstra University of any and all written material, audio recordings, photographs, and video recordings that are made of or by my child while attending the Reading/Writing Learning Clinic, without compensation to me or my child. I understand that the purposes include but are not limited to research projects and presentations. All negatives, positives, and recordings, together with the prints and written material, shall be deemed solely and completely the property of the Reading/Writing Learning Clinic and Hofstra University.
- ☐ I do not give my consent for use of my child's likeness for research or publicity purposes by the Reading/Writing Learning Clinic and Hofstra University. I understand that this determination does not preclude my child's participation in the literacy program at the clinic.

Parent/Guardian Signature: \_\_\_\_\_ Student: \_\_\_\_\_ Date: \_\_\_\_\_

(Please print student's name.)

**Nondiscrimination Policy:** 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 (characteristics collectively referred to as "Protected Characteristic") 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 coordinating its overall adherence to Equal Opportunity Laws. Questions or concerns regarding any of these laws, other aspects of Hofstra's Nondiscrimination Policy, or regarding Title IX as it relates to reports against employees or other nonstudents, should be directed to the Equal Rights and Opportunity Officer, who also serves as the Title IX Coordinator for Employee Matters, at [HumanResources@hofstra.edu](mailto:HumanResources@hofstra.edu), 516-463-6859, 205 Hofstra University, Hempstead, NY 11549. Student-related questions or concerns regarding Title IX should be directed to the Title IX Coordinator for Student Issues at [StudentTitleIX@hofstra.edu](mailto:StudentTitleIX@hofstra.edu), 516-463-5841, 127 Wellness & Campus Living Center, Hempstead, NY 11549. For additional contacts and related policies and resources, see [hofstra.edu/eoe](http://hofstra.edu/eoe).