

Summer Registration Form

Class	Dates	Time	Cost in \$	Tot.
Please choose the class you want, circle it and write the total in the box to the right. Tally the cost at the bottom and send a check for the total. We will send you an e-mail confirmation of your registration as soon as we receive and process it.				
Summer Reading Workshops Books to be announced as lists become available	June 27-30	10-11AM	120	
		11:15AM-12:15PM	120	
		12:30-1:30	120	
		1:45-2:45	120	
		3:00-4:00	120	
	July 5- 8	10-11AM	120	
		11:15AM-12:15PM	120	
		12:30-1:30	120	
		1:45-2:45	120	
		3:00-4:00	120	
	August 8-12	10-11AM	120	
		11:15AM-12:15PM	120	
		12:30-1:30	120	
		1:45-2:45	120	
		3:00-4:00	120	
Study Skills for Middle and High School	July 11-15	10-Noon	400	
		12:30-2:30	400	
		9-11:30	400	
	July 25-29	10-Noon	400	
		12:30-2:30	400	
		9-11:30	400	
Vocabulary	July 18-22	3-5:30	450	
College Study Skills	July 25-29	Noon-2	400	
	August 1-5	Noon-2	400	
College Essay Writing	July 2--28	2:30-4:30	350	
	August 1-4	2:30-4:30	350	
Essay Writing for Middle and High School	July 18-22	10AM-Noon (MS: 7 th and 8 th) 12:30-2:30 (9 th +)	475	

Please print and fill out this page. Mail registration form with a check for the full amount to

The Clinic for Academic Therapy
Re: Summer Workshops
4545 Bissonnet Suite 215
Bellaire, TX 77401

Please make checks payable to
The Clinic for Academic Therapy

REGISTRATION INFORMATION

Student's Name _____

Responsible Party _____

Address _____

E-Mail Address (Please Print) _____

Phone Numbers: Mobile _____

Home _____

Child's Grade _____

Child's School _____

Please add anything else you would like for us to know about your child:
