

REGISTRATION FORM

Participant's Name (First & Last) / /	Name of LEA/Town	
Birth Date	Grade in Fall of 2010	Phone Number
E-mail Address	Name of Bus Company	

PLEASE CHECK THE BOX(ES) FEES SUBJECT TO CHANGE SCHEDULE SUBJECT TO CHANGE

CORE SUMMER SCHOOL/EXTENDED SCHOOL YEAR AT ASD (MUST HAVE LEA APPROVAL AT PPT)

- Ages 3-21
- Thursday, June 24 – Friday, July 23, 2010
- (PACES until Friday, August 13, 2010)
- CLOSED – July 5 and July 6 (Monday and Tuesday)
- 9:00 a.m. – 3:00 p.m. except Fridays
- Friday dismissal is 2:00 p.m.

Cost

- \$1293 • 9:00 a.m. – 3:00 p.m.
All billing for Summer School goes to the LEA/Town

Related Services and Options

- Aural Habilitation : \$157 per hour
 Physical Therapy : \$80 per hour
 Speech : \$81.38 per hour
 Occupational Therapy : \$80 per hour

Source of Funding/Billing: Parents Town

Transportation: Parents Town

Please complete this application, detach and include a check payable to:
ASD Summer Programs 2010

Mail this application to :

**Ms. Fern S. Reisinger, Director of Education
American School for the Deaf
139 North Main Street
West Hartford, CT 06107**

Questions? Email Fern.Reisinger@asd-1817.org
Fax: 860-570-2296