

WINTER/SPRING 2010 CHILD/YOUTH ACADEMIC SKILLS PROGRAM

Specialized Programs for Children and
Youth with Invisible Disabilities



- One-to-one tutoring addresses the child's specific learning challenges in a range of skills (writing, organization, test taking, time/stress management).
- Tutors are selected and trained to provide a safe, non-threatening environment for children to learn, and have access to professional consultation services in related disciplines (i.e. speech and language).
- Program staff is available throughout the school year for additional support when required.

DATES, TIMES AND LOCATIONS: Please see the registration form on the reverse side of this form or visit our website: www.ldasvi.bc.ca

REGISTRATIONS ARE ACCEPTED AT ANY TIME

COST: \$30/session. Flexible payment plans available. Financial assistance may be available.

INFORMATION: Please contact the Learning Disabilities Association

Learning Disabilities Association of BC
South Vancouver Island Chapter
1524 Fort Street Victoria BC V8S 5J2
Phone: (250) 370-9513 Fax: (250) 370-9421 Website: www.ldasvi.bc.ca

"The LDA-SVI gratefully acknowledges the financial assistance of the Province of British Columbia"



ldabc · Learning Disabilities
Association of British Columbia
South Vancouver Island Chapter

**Registration Form (WINTER/SPRING 2010)
Academic Skills Program**

Section I: Please complete the following by printing clearly.

Youth's Name: _____		Date of Birth: <u>M</u> / <u>D</u> / <u>Y</u>		Age: ____	Gender ____
Address: _____			City: _____		
Province: ____		Postal Code: _____		Phone: _____	
Parent's Name(s):		(1) _____	(2) _____		
Parent's Daytime Phone: (1)		_____		(2) _____	

Section II: Applicant Profile. Please check all that apply.

The applicant has: LD ____ AD/HD ____ Suspected LD ____ Other _____
Has your child had an assessment for learning or attention difficulties? yes ____ no ____

Section III: Registration Details.

January 11th – June 19th
One - Three Sessions per week
(No classes on Stat Holidays)

AGE RANGE	DATES Circle preferred DAY(S) and TIME(S)	TIME	Select Section (X)
6 -18	<p>Mondays Wednesdays and/or Thursdays</p> <p>1:30 / 2:00 / 2:30 / 3:00 / 3:30 / 4:00 /4:30 / 5:00 / 5:30 / 6:00 / 6:30 / 7:00 / 7:30</p> <p align="center">Saturdays 9/ 10/11/ 12/1</p>	<p>50 min. sessions available between 1:30 p.m. and 7:30 p.m.</p> <p>50 min. sessions available between 9 a.m. and 1 p.m.</p>	

Section IV: Financial Assistance.

Do you require financial assistance? Yes ____ No ____

PLEASE SEND REGISTRATION FORM (via mail or fax) TO:
Learning Disabilities Association 1524 Fort Street Victoria BC V8S 5J2
PHONE: 250-370-9513 FAX: 250-370-9421

Upon receipt of your registration, you will be contacted regarding your child's program.

For office use only

Date Received	Parent Contacted	Interview	Intake Complete	Payment Details