Shift*ed

SUMMER WORKSHOP APPLICATION

Please indicate the workshop/s you are interested in for your child. If more than one child, please fill out separate applications:

Writing Workshop for Rising 3rd and 4th

☐ <u>Session 1: Crafting True Stories</u>
Dates/Times: July 23- Aug. 3, 2018 M-F: 9:00-11:30am
Cost: $1,875.00, materials included

☐ <u>Session 2: The Art of Informational Writing</u>
Dates/Times: Aug. 13-24, 2018 M-F, 9:00-11:30am
Cost: $1,875.00, materials included

Writing Workshop for Rising 5th and 6th

☐ <u>Session 1: Narrative Craft</u>
Dates/Times: July 23- Aug. 3, 2018 M-F: 12:00-2:30pm
Cost: $1,875.00, materials included

☐ <u>Session 2: Bringing History to Life</u>
Dates/Times: Aug. 13 -24, 2018 M-F, 12:00-2:30pm
Cost: $1,875.00, materials included

Reading Workshop for Rising 1st

☐ <u>Session 1</u>
Dates/Times: July 9-20, 2018, M-F: 9:30-11:30am
Cost: $1,875.00, materials included

Reading Workshop for Rising 2nd

☐ <u>Session 1</u>
Dates/Times: July 9-20, 2018, M-F: 12:30-2:30pm
Cost: $1,875.00, materials included

HERO: Executive Skills Workshop for Rising Middle School Students 6th-8th

☐ <u>Session 1</u>
Dates/Times: August 29-31, 2018, W-F: 4:00-6:00pm
Cost: $655.00, **students must bring their binders and planners for school.**
Students will be provided with two pocket plastic dividers and all other materials.

STUDENT INFORMATION

Student First Name_____ Last Name_____
Grade for 2018-2019 school year_____ Current School_____
Date of Birth _____

Parent 1 _____ Home Phone _____
Work Phone _____ Cell Phone _____
Street Address _____
City, State, Zip_____
Email address_____

Parent 2 _____   Home Phone _____

Work Phone _____   Cell Phone _____

Street Address _____

City, State, Zip_____

Email address_____

Emergency Contact

Name_____   Relationship_____

Telephone_____

EDUCATIONAL & MEDICAL HISTORY

1. Please provide a brief overview of your child's school history.

    a. Please note any particular areas of strength.

    b. Please identify any areas of difficulties and include when these difficulties first began, who noticed them, etc. If your child has received any educational support, please identify the kind of support and duration.

2. Please list any special limitations or health information we should know about your child. Special medical needs may include chronic or recurring health conditions, dietary restrictions, allergies (food, insect bites, animals, medication, etc.).

3. Has your child been evaluated by other professionals or previously diagnosed with any preexisting learning disabilities (Dyslexia, ADD/ADHD, Autism, speech/language, etc.)? Is your child currently on any medications? Please indicate below.

4. The summer workshops at Shifted strive to balance students' individual needs and the nature of our instructional environment. As a parent, you can provide many insights into the best type of learning environment for your child. Considering the developmental domains below, please check (✔) the box that indicates the extent to which your child needs support in each area.

Area of Development	Minimal Support	Some Support	Significant Support	Intense Support
Reading				
Spelling				
Writing				
Attention Regulation				
Behavior Regulation (engagement, persistence)				
Time Management				
Organization				

5. Please indicate your child's interests (hobbies/activities/topics) **inside** and **outside** of school.

APPLICATION STATEMENT

Workshops are instructed in a small group setting and are appropriate for students with language based learning disabilities, reading disorders, and those who do not have any formal diagnosis of learning difficulty, but are underachieving in the classroom. The workshops are not appropriate for students who are excelling in the classroom or who struggle with small group instruction. If students have difficulty with group instruction, they may benefit more from our individualized child centered tutorial or educational therapy sessions.

Review and approval of the application is required prior to your child's enrollment. Once the application is accepted and in order to reserve your child's spot in the workshop, payment must be paid in full within seven days of the approval date. If not paid by the seventh day, the spot will be forfeited, opening it up to new applicants.

A minimum of four students is required by June 30, 2018 in order to conduct the workshop. If the minimum is not met, the workshop will be canceled and payment will be refunded in full. By signing, I understand that due to limited space and to ensure my child's success in the workshop, Shifted has a firm refund policy. For cancellations received four weeks prior to the start of a workshop, 50% will be refunded. However, cancellations received after four weeks to the start of the workshop will not receive a refund. All of the information in this application is true to the best of my knowledge. No information with regard to the profile of the applicant has been knowingly omitted.

Signature_____   Date _____

Please email back to info@shiftedsb.com
If you do not receive a confirmation email within two business days, please contact Shifted by phone to ensure receipt of application.

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