



READY 2 LEARN

READY 2 LEARN: A Multisensory Approach for School Success
(children entering Kindergarten–5th grade)

Ready 2 Learn is a community support program aimed at getting bodies and brains ready for learning through written language. It is an interprofessional camp offered by the Occupational Therapy and Speech-Language Pathology programs at TTUHSC.

Session 1 *Entering 2nd-5th Grade*
07/09/18 **M-TH** **9AM-11:30AM**
07/12/18

All Saints Episcopal School
3222 103rd St, Lubbock, TX 79423

Session 2 *Entering Kindergarten-1st Grade*
07/16/18 **M-TH** **9AM-11:30AM**
07/19/18

All Saints Episcopal School
3222 103rd St, Lubbock, TX 79423

This camp is coordinated by:

CAROLYN PERRY, M.S., CCC-SLP
CINDI TIONGCO, MOT

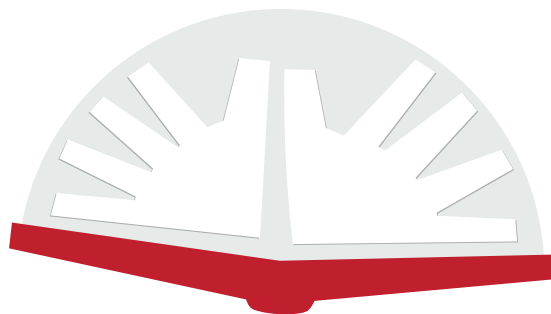
carolyn.perry@ttuhsc.edu 806.743.9055
cynthia.tiongco@ttuhsc.edu 806.743.3240

Enrollment is limited. Please register early as participation is limited to 40 children and spaces fill quickly. Children will be enrolled on a first come first serve basis. Registration will be considered once we receive your registration form and \$75 materials fee. Additional forms will be required once registration is confirmed. All children must be able to use the bathroom independently.



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

School of Health Professions
Department of Speech, Language, and Hearing Sciences



READY 2 LEARN

Complete this form and return to:

TTUHSC SPEECH-LANGUAGE & HEARING CLINIC
3601 4TH STREET MS 6073 | LUBBOCK, TX 79430

OR Fax to 806-743-5674

Financial support from community partnerships help cover a portion of the camp's cost so that each camper is only required to pay a small materials fee of \$75. *Please make checks payable to TTUHSC or call 806-743-5678 to provide credit card information.* Please submit as soon as possible, as these sessions fill up quickly. You will receive an email or phone call confirming your registration.

I AM REGISTERING FOR **SESSION 1** | *entering 2nd - 5th* | 7/9-7/12 **SESSION 2** | *entering K - 1st* | 7/16-7/19

CAMPER'S NAME:

AGE: **DATE OF BIRTH:** **GENDER:**

PARENT/GUARDIAN(S):

ADDRESS: **EMAIL ADDRESS:**

CITY: **STATE:** **ZIP:**

PHONE: (Home) (Cell) (Emergency)

SCHOOL CURRENTLY ATTENDING:

GRADE MOST RECENTLY COMPLETED:

CURRENTLY SEEN FOR THERAPY? ☐ Yes ☐ No

DISCIPLINES INVOLVED? ☐ Occupational Therapy ☐ Speech Therapy

Other (please list):

FOOD ALLERGIES? ☐ Yes ☐ No Please list:

WHO WILL BE PICKING UP YOUR CHILD?

Name: Relationship: Phone:

Name: Relationship: Phone:

Name: Relationship: Phone:

PARENT/GUARDIAN SIGNATURE:



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

School of Health Professions
Department of Speech, Language, and Hearing Sciences

