



# OG Summer Program

## Student Registration Form



**July 7 - July 31, 2025 (Monday-Thursday  
9:15am-12:00noon)**

Please complete all sections of this form to the best of your ability. Completion of this form offers our team an accurate picture of your child's learning needs.

Today's date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Grade in September: \_\_\_\_\_ Birthdate: \_\_\_\_\_

### Parent/Guardian Information

Parent #1 Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_

Does your child have siblings? If so, what are their ages? \_\_\_\_\_

Is English the only language spoken at home? If not, list the language(s) spoken. \_\_\_\_\_

Who does your child live with? \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Emergency contact phone #: \_\_\_\_\_

## Dyslexia and Other Diagnoses

Does your child have a diagnosis of dyslexia? (Yes or No) If yes, who diagnosed your child?

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Does your child have a neuropsychological evaluation? (Yes or No) If yes, please provide a copy. **(NEW STUDENTS ONLY.)**

Does your child have an IEP or 504 Plan? (Yes or No) If yes, please provide a copy. **(NEW STUDENTS ONLY.)**

Does your child have any other diagnoses that you feel we need to be aware of (autism, ADHD, etc.)? \_\_\_\_\_

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Does your child require daily medication between the hours of 9:15 am-12:00 pm? \_\_\_\_\_

What support services does the school provide your child?

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Does your child have speech, hearing, or vision issues? If yes, please explain. \_\_\_\_\_

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Does your child receive speech language services? (Yes, No, or I am unsure.)

Does your child receive OT services? (Yes, No, or I am unsure.)

Does your child have problems understanding verbal directions? (Yes, No, or I am unsure.)

Does your child express thoughts clearly? (Yes, No, or I am unsure.)

Does your child socialize appropriately with peers? (Yes, No, or I am unsure.)

Does your child have behavioral problems in school or at home? If yes, please describe. \_\_\_\_\_

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Please describe your child's personality.

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Why do you feel that your child would benefit from OG-based instruction?

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**Please submit completed application (and requested documents) to Literacy Nassau at the address below or email it to: [kquijano@literacynassau.org](mailto:kquijano@literacynassau.org).**

**Reading. For Life.**

Literacy Nassau

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[www.literacynassau.org](http://www.literacynassau.org)