

Dyslexia Foundation of Memphis

Student Application

Semester: _____

1st Student's Name _____ Birth Date ___ / ___ / ___ Age ___ Grade ___

School _____ Dominant Hand _____ Sex: _____ Glasses Yes / No

2nd Student's Name _____ Birth Date ___ / ___ / ___ Age ___ Grade ___

School _____ Dominant Hand _____ Sex: _____ Glasses Yes / No

Parents Name _____ Telephone (____) _____

Address _____

City: _____ State: _____ ZIP: _____

E Mail Address _____

My child has permission to be given (if needed): Tylenol Yes/No

Please list any allergies or other medical information that might be needed:

Has your child been tested and recommended for admission into this program? _ Yes / No

If so, Where? _____ Year? _____

Enclose the Registration Fee for each child with the application to hold your child's place in our program. The tuition is due at the beginning of the fall semester or alternate arrangements can be made by contacting a Director.

- If Parent, Friend or Sibling (16 or Older) **Can** Tutor:
Registration fee \$75.00, Tuition \$100.00, Dues \$20.00 for a total of \$195.00
- If Parent, Friend or Sibling **Can Not** Tutor
Registration fee \$75.00, Tuition \$100.00, Dues \$20.00, Paid Tutor \$210.00, (\$35.00 a Saturday) for a total of \$405.00
Fees are not refundable

Dyslexia Foundation of Memphis
7532 Hatch Circle
Arlington, TN 38002

Signature of Parent and/or Guardian _____ Date _____

___ **Return Applications by Specified Deadline** ___

Notice of Nondiscriminatory Policy as to students: The program admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students in the program. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, or other programs.

Emergency Contact Information: Name: _____

Relationship: _____ Phone Number: _____

WAIVER OF LIABILITY

In partial consideration of the willingness of Lord of Life Lutheran Church to allow its facility to be used by The Dyslexia Foundation of Memphis, of which my child is a participant, the undersigned parents or guardians of the child(ren) listed below, acknowledge that Lord of Life Lutheran Church shall be free from all liabilities and claims for damages and/or suits for or by reason of any injury or injuries to me, my child(ren), or property, from any cause or caused whatsoever while in or upon the campus of Lord of Life Lutheran Church during any and all functions of The Dyslexia Foundation of Memphis held on said premises.

I further agree to indemnify and hold harmless Lord of Life Lutheran Church from all liabilities, charges, expenses (including counsel fees) and cost on account of or by reason of any such injuries, liabilities, claims, suits or losses however occurring or damages growing out of same.

Children: _____

Signed this _____ day of _____, 20____

Parent or Guardian _____

RELEASE

I, individually, (and/or as parent, and/or guardian of the named minor) for and in consideration of the acceptance of my application to enter and my receiving permission from The Dyslexia Foundation of Memphis, hereinafter called "Foundation", to participate in the succeeding Dyslexia Summer and/or Saturday School, do hereby release, remise, waive, surrender and forever discharge The Dyslexia Foundation of Memphis together with all of their officers, agents, officials, directors, supervisors, tutors and employees, collectively hereinafter called "Foundation", from any and all liability, claims, demands, actions, or causes of action whatsoever arising out of or related to any injury, illness, loss or damage, including death, relating to participation in the succeeding Dyslexia Summer and/or Saturday School.

I further agree that in the event of any injury or emergency requiring medical attention that if I am assisted by the Foundation in receiving treatment and willingly accept such treatment that I will in no way hold the Foundation responsible for the consequences of my treatment of any problem resulting there from, whether administered by the Foundation or a third party called by the Foundation. Should I become unconscious or unable to give my consent for medical treatment and it becomes necessary for the Foundation to render assistance or have a third party administer medical treatment, I agree not to hold the Foundation responsible for the consequences of my injuries or any claims, losses or damages arising there from. I further agree that I will be responsible for any medical bills incurred in my treatment, and will not hold the Foundation responsible therefore.

Student(s) and/or Tutor(s) name(s): _____

Signature of parent(s) if under 18: _____ Date: _____