



P.O. Box 1217  
 Temple, TX 76503  
 254.307.8267(TAMR)  
 www.TAMRAlearning.com

**Program Cost:**  
 Registration Fee - \$200  
 Summer Tuition - \$400  
 Social Learning Only - \$150

**Location:**  
 Heights Baptist Church  
 1220 S, 49th Street  
 Temple, TX 76504

Rev. 3/2019

**Summer Schedule:**  
 June 4 - June 27  
 Tuesdays: 8:00am - 12:00pm  
 Thursdays: 8:00am - 12:00pm & 10:00am - 12:00pm (Social learning)

## Application for TAMRA Learning Academy Summer Tutoring Program

### Student name & information

First Name	MI	Last Name	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grade Completed 2018-19	Grade Anticipated to Enter 2019-20	Current Age	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female

### Parents or Guardians with whom the applicant lives

Parent/Guardian #1 - First Name	MI	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Phone	Cell Phone	Day Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Current Employer	Employer Phone	Employer Fax	Length of Time
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email			
<input type="text"/>			
Parent/Guardian #2 - First Name	MI	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Phone	Cell Phone	Day Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Current Employer	Employer Phone	Employer Fax	Length of Time
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email			
<input type="text"/>			

### Emergency Contact Information (please provide two)

Emergency Contact #1 - First Name	MI	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Current Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Cell Phone	Day Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Emergency Contact #2 - First Name	MI	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Current Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Cell Phone	Day Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**Please describe the applicant's strengths and learning needs in the following areas**

Phonics

Reading comprehension

Spelling

Handwriting

Essay Composition

Memory for math facts (addition, subtraction, multiplication, division)

Understanding of math concepts (such as knowing how to add or multiply)

Solving word-problems

Science

Social Studies/History

**Learning challenges**

Does the student have a diagnosed learning difference? If yes, please check all that apply.

Dyslexia  Dysgraphia  Dyscalculia  Auditory Processing Disorder  Language Processing Disorder  Other

If Other, please describe:

Does the student have ADHD

Yes  No

**Applicant's physician/pediatrician**

Physician - First Name

MI

Last Name

Current Address

City

State

Zip

Office Phone

Emergency Phone

Does the applicant take prescribed medication for attention/focus/activity mood level? If yes, please specify the name of the medication and times administered

We understand that family vacations frequently occur during the summer and students can sign up for specific weeks that work with your schedule. Please check the days/weeks you would like your child to attend.

June 4  June 6,  June 11  June 13,  June 18  June 20,  June 25  June 27

My signature is an acknowledgement that the information I have presented is an accurate representation of the applicants learning challenges. I understand that any misrepresentation may result in the student being dismissed from the TAMRA Learning Academy Summer Tutoring Program and tuitions paid will be forfeited.

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Parent or Guardian #1 Signature

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Date

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Parent or Guardian #1 Printed Name

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Parent or Guardian #2 Signature

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Date

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Parent or Guardian #2 Printed Name