



Every  
Child  
Can  
Read



## **FUN and FREE Ways to Grow Reading Skills this Summer**

FREE one on one and small group tutoring. Build reading skills with trained, talented professionals and enter the new school year with improved reading skills. *Must also be enrolled at B&GC*

### **B&GC - First Bank Unit**

Monday & Wednesday 2pm

- *Use ECCR Enrollment Form*

Avoid the academic summer slide with FREE, engaging and fun literacy activities. *Must be enrolled with youth organization.*

### **B&GC-Jeffers Unit**

Mondays 9-10:30am

**Girls Inc. of Wayne County**

Tu/Th/Fr 1:00-2:00pm

**Townsend Community Center**

June 5, 9, 16 & 23 10:00-11:00am

- *Use ECCR Enrollment Form*



### **English Language & Literacy Camp**

Focused instruction for rising 1<sup>st</sup> - 3<sup>rd</sup> graders whose first language is not English. Provided in collaboration with Amigos Latino Center and Earlham College.

July 13-17 9am-3pm

- *Use English Language learner Camp Enrollment Form*



## 2026 Summer Programming Student Enrollment

<b>Student Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Birth Date:</b> mm/dd/yyyy	<b>Gender (Circle):</b> Male    Female
<b>Ethnicity (Circle):</b> American Indian or Alaskan Native    Hispanic Asian or Pacific Islander    Bi-Racial Black, Not of Hispanic Origin    White, Not of Hispanic Origin		<b>Current School (Circle):</b> Charles Crestdale Fairview Starr Vaile Westview Other:		<b>2026-27 Grade</b>
<b>Home address:</b>		<b>Parent/Guardian Name</b>		
<b>Phone Number (Can receive text? Yes No )</b>		<b>Relationship to Student</b>	<b>Email address</b>	
<b>Additional Emergency Contact Person</b>		<b>Relationship to Student</b>	<b>Primary Phone</b>	
<b>Did your child participate in Dolly Parton's Imagination Library? (Circle):</b>  Yes    No	<b>Does your child have health concerns or allergies? Explain:</b>	<b>Does your child receive meds at school? Explain:</b>	<b>Does your child have a current IEP and receive Special Education Services at School? Area(s) of Eligibility (Circle):</b>  LD    MIMD    Speech    Other:	

**Summer Programming - Please indicate at which location you are enrolling your student for free summer literacy activities with Every Child Can Read**

One on one and small group tutoring. Build reading skills with trained and talented professionals.

- B&GC - First Bank Unit

Avoid the academic summer slide with fun and engaging literacy activities.

- BGC - Jeffers Unit  
 Girls Inc. of Wayne County  
 Townsend Community Center

\_\_\_\_\_ If my child is not already a member at this location, I understand that I'll need to register them by going to the location's website or by calling. If I need financial assistance, I will contact Every Child Can Read.

**Data Sharing Consent**

I authorize Every Child Can Read, Inc. to release and/or receive educational records and shared information concerning my child, such as IEP information or achievement data, with Richmond Community Schools and/or any programming your child is participating in. This release may be revoked in writing any time.

**Parent Signature X** \_\_\_\_\_



# English Language Learners Literacy Camp

## Student Enrollment Form

Student Name / Nombre del estudiante		Birth Date / fecha de nacimiento	Gender (Circle)  Male/Masculina    Female/Femenina
Home Address / Dirección particular		Parent/Guardian Primary Phone Teléfono principal del padre/tutor	
Parent/Guardian Name Nombre del padre, madre o tutor	Relationship to Student / Relación con la estudiante	Parent/Guardian Email / Correo electrónico del padre, madre o tutor	
Additional Emergency Contact Contacto de emergencia adicional	Relationship to Student / Relación con la estudiante	Phone Number / numero de telefono	
Additional Emergency Contact Contacto de emergencia adicional	Relationship to Student / Relación con la estudiante	Phone Number / numero de telefono	
Allergies / Alergias	Health Concerns / Preocupaciones de salud	Medications / Medicamentos	

### Data Sharing Consent

I authorize Every Child Can Read, Inc. to release and/or receive educational records and share information concerning my child, such as IEP information or achievement data, with Richmond Community Schools and/or any program my child is participating in. This release may be revoked in writing at any time. / **Autorizo a Every Child Can Read, Inc. a divulgar y/o recibir registros educativos y compartir información sobre mi hijo, como información del IEP o datos de rendimiento académico, con Richmond Community Schools y/o cualquier programa en el que mi hijo esté participando. Esta autorización puede ser revocada por escrito en cualquier momento.**

Parent Signature X \_\_\_\_\_ Date \_\_\_\_\_

### Photography Authorization

I consent to photo and video recordings of my child's participation in this literacy program. I grant full rights to use the images or reproductions for fundraising, publicity or other purposes that support the mission of Every Child Can Read Inc. and Amigos Latino Center. This release may be revoked in writing at any time. / **Doy mi consentimiento para la toma de fotografías y grabaciones de video de la participación de mi hijo en este programa de alfabetización. Concedo todos los derechos para usar las imágenes o reproducciones con fines de recaudación de fondos, publicidad u otros propósitos que apoyen la misión de Every Child Can Read Inc. y Amigos Latino Center. Esta autorización puede ser revocada por escrito en cualquier momento.**

Parent Signature X \_\_\_\_\_ Date \_\_\_\_\_