



University of Illinois
Department of Speech and Hearing Science
Speech-Language Pathology Clinic

Literacy Adventure

For children ages 6 to 12 years who need support with literacy skills. This program is appropriate for children who struggle with reading, writing and spelling.

WHERE & WHEN

University of Illinois Speech-Language Pathology Clinic
 2001 S. Oak Street, Suite B
 Champaign, IL 61820

June 22 - July 30, 2009



Group 1: Monday & Wednesday 12:30-2:00
Group 2: Tuesday & Thursday 12:30-2:00



Children will receive instruction to develop language, reading and writing abilities. Activities will be designed to improve specific skills, provide positive literacy experiences, and increase the participants' identities as readers and writers. Children will be grouped by age and skill level. This group is appropriate for children entering first through seventh grade. Max of 6 children per group.

The cost of the entire program will be \$486 for 12 sessions. If you choose to register your child for both groups, the cost is \$922 for 24 sessions. Program fees may be paid by cash, check or charge. **Priority registration ends May 15th. Registration after May 15th will be subject to availability.** Once registration is received, a free initial consultation will be scheduled prior to the first week of camp.

For more information, please contact our clinic office at 217-333-2205 or email the SLP Clinic: slpclinic@ahs.illinois.edu. To enroll your child, complete the registration form below and mail to or drop off at:

University of Illinois - SLP Clinic
 ATTN: Summer Camp
 2001 S. Oak Street, Suite B
 Champaign, IL 61820

Literacy Adventure Registration Form

PRIORITY REGISTRATION: **MAY 15th** 2009

NAME _____ BIRTHDATE _____ AGE _____
 ADDRESS _____ CITY _____ PHONE _____
 PARENT/GUARDIAN NAME _____ EMAIL _____
 DAY/TIME PREFERENCE (please rank) Monday-Wednesday _____ Tuesday-Thursday _____
 ADDITIONAL INFO or COMMENTS: _____

AMOUNT ENCLOSED _____ CASH/CHECK/CHARGE (circle one) CHECK NUMBER _____

*A nonrefundable \$100 deposit must be turned in with this registration form before you can be considered for enrollment. We will try to accommodate everyone's preferences, but final decisions will be made according to the child's needs.

For administrative use only: **Deposit (\$100)** _____ **Paid in FULL** _____