

Offered through



Your Child's Skills will Improve!

Programs offered by Readwrite Educational Solutions

Classes held at Los Alisos Intermediate School, Room P-9
25171 Moor Avenue, Mission Viejo

Spring Classes

Year-Round Programs

Reading & Math

We help Kids strengthen skills.

Sound Start Reading - Grades K-1

Readwrite's Sound-Start beginning reading program can make the difference between a struggling student and a successful student. Specially trained teachers test and implement individualized PHONICS reading programs for each child. Enrollment fee includes all testing and materials.

Fee: \$159/8 classes Time: 3:00 - 3:55 pm

Class #: EDU232 T/Th 03/19 - 04/11

Class #: EDU233 T/Th 04/23 - 0516

Math Development - Grades 2-6

This comprehensive, individualized math program evaluates students and pinpoints skill gaps. The primary building blocks of addition, subtraction, multiplication and division are continually reinforced, building a solid foundation of fundamental knowledge, and leading to increased confidence as automaticity grows. Enrollment fee includes all testing and materials.

Fee: \$159/8 classes Time: 5:00 - 5:55 pm

Class #: EDU246 T/Th 03/19 - 04/11

Class #: EDU247 T/Th 04/23 - 0516

Reading Development - Grades 2-6

A supplementary reading program designed to allow specially trained teachers to test and implement individualized programs to improve comprehension, spelling, vocabulary, and fluency. Enrollment fee includes all testing and materials.

Fee: \$159/8 classes Time: 4:00 - 4:55 pm

Class #: EDU239 T/Th 03/19 - 04/11

Class #: EDU240 T/Th 04/23 - 0516



@ReadwriteSolutions

Register online at communityservices.svUSD.org

For more class information, call Readwrite at (949) 263-0633



SVUSD Community Services Department Program Registration Form at Communityservices.svUSD.org

PRIMARY CONTACT (responsible adult for registering persons in the courses)

Last Name: _____ First Name: _____ Female _____ Male _____

Street Address: _____ City, State, Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ *Email: _____

* All accounts will require a valid e-mail address

Activity #	Participant Name	Grade	Birthdate (minors)	Sex	Activity Name	Start Date	Fees
				M / F			

____ American Express, ____ Discover, ____ MasterCard or ____ Visa

Acct # _____ Exp Date ____/____/____ CVC Code _____ Total _____

If credit card name is different from parent/guardian listed above, please write it here: _____

Authorized Signature: _____ Date: _____

Please Print Name: _____

I voluntarily agree to participate or for my children to participate in this or these programs. I realize that every precaution is taken to eliminate any hazards and a competent supervisor is present; however, in the event of any injury to myself or my child, I hereby waive, release and hold harmless from any liability for damages or claims for damages for personal injury, including accidental death, as well as from claims for property damage which may arise in connection with the above named activity, against the employees of, the Department of Community Services personnel and the Saddleback Valley Unified School District.

Authorized Signature: _____ Date: _____

I give permission to have photos taken during the program to be used in city or school district published documents. _____ Initials

Mail to: SVUSD Community Services Department, 25631 Peter A. Hartman Way., Mission Viejo, CA 92691

If you would like a confirmation please enclose a self addressed stamped legal size envelope.

Or Fax: Registration form with your American Express, Discover Card, MasterCard or Visa Card number to (949) 454-0790.