

Offered through



# Your Child's Skills will Improve!

Programs offered by Readwrite Educational Solutions

Classes held at Los Alisos Intermediate School

25171 Moor Avenue, Mission Viejo



**Summer classes pending**

**Due to the Covid-19 Pandemic Summer Classes are pending. Please check back periodically, as we will be updating the status of upcoming classes.**

## 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.

## 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.

## 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.

*Also offered:*

**Speed Reading & Vocabulary Building** Fee: \$129  
Age: 11-16 (4 classes - Sat) Time: 9:00 - 11:00 am

**Study Skills & Test Taking Techniques** Fee: \$99  
Age: 11-16 (4 classes - Sat) Time: 11:10 am - 12:40 pm

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

Register online at [communityservices.svUSD.org](http://communityservices.svUSD.org)



## SVUSD Community Services Department Program Registration Form at [Communityservices.svUSD.org](http://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.#: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_

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.