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**ASCI Reads 2021: “Reading Colors My World!”**

**When?** Monday-Thursday **|** 9:00 A.M. – 2:00 P.M. **|** July 6 – July 29, 2021

**Where?** The Rhonda D. Wright Family Center **|** 8384 Frankstown Avenue **|** Pittsburgh, PA 15221

**Contact 412-737-2157 for more information.**

**Application Form**

**APPLY to participate in an adventure**

**this summer at our reading program for children ages 6 to 12!**

**Application due by June 20, 2021**

Please **print** all information clearly. Thank you!

**Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Child Attended This Past School Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Child’s Grade in September 2021\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Third Report Card Grade In: Reading\_\_\_\_\_\_\_\_\_\_\_\_\_\_\* Math\_\_\_\_\_\_\_\_\_\_\_\_\_\* \*Percentages can be listed.**

**\*\*A final report card will be required should your child be admitted to the ASCI Reads program.**

**Does your child have an IEP or special learning need? If so, what type?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Cellphone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list your child’s medications\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Caregiver’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Caregiver’s Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child Allergies/Concerns\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (including pork)**

**\_\_\_\_\_ (initials) I understand that as a Parent/Guardian/Caregiver of a child who has been accepted to ASCI Reads, that I must attend the mandatory information session scheduled on June 26, 2021, at 12 p.m. at A Second Chance, Inc.**

**\_\_\_\_\_(initials) As a Parent/Guardian/Caregiver of a child who has been accepted to ASCI Reads, my child and I agree to observe ASCI’s COVID-19 protocols and practices up to and including wearing a mask. My child will wear a mask daily and during participation except when eating.**

**\_\_\_\_\_ (initials) I understand that as a Parent/Guardian/Caregiver of a child who has been accepted to ASCI Reads, I must provide transportation for my child to and from this program.**

**\_\_\_\_\_ (initials) I understand that as a Parent/Guardian/Caregiver of a child who has been accepted to ASCI Reads, it is recommended that I provide a daily snack for my child.  
  
\_\_\_\_\_(initials) As a Parent/Guardian/Caregiver of a child who has been accepted to ASCI Reads, I give my permission for my child to attend all field trips and participate in outdoor activities, including the onsite garden. On these days, my child must bring a brown bag lunch.**

**\_\_\_\_\_(initials) As a Parent/Guardian/Caregiver of a child who has been accepted to ASCI Reads, I give my permission for my child to be photographed and to appear in ASCI publications.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature**