

2025 Summer S.E.E. • *Sequential English Education*

A research based program designed to help strengthen reading, writing, and spelling skills for students with dyslexia or related disorders who struggle in the traditional Classroom.

Registration Information

Child's Name _____

Current Grade _____ Date of Birth ____/____/____

Current School _____

Home Address _____

City _____ State _____

Zip _____

Parent(s)/Guardian(s)

Home Phone _____

Mom Cell _____

Dad Cell _____

Parent e-mail for session confirmation (required)

Medical & Health Information

Emergency Contact Besides Parent

Phone _____

Cell _____ Work _____

Child's Physician

Phone _____ Last Tetanus Booster _____

Child's Allergies (please be descriptive) _____

Current Medications _____

Does your child use an EpiPen? Yes No

If yes, when? _____

(If yes, it is the responsibility of the parent/guardian to provide the school with an EpiPen to be kept with the instructor.)

Any medical concerns preventing your child's full participation?

Literacy Therapy

\$50 nonrefundable application/assessment fee required to reserve spot + Camp tuition \$300 each week due week of Camp

9:00 a.m.—noon each day June 9—13 and June 16—20

Assessments to be scheduled prior to camp for new attendees ~ 15 hours of specialized instruction

For further intensive intervention, parents may contract with private Bridgemark Learning Specialist.

For more information contact *Ginger Stewart (903) 939-3511* or gstewart@bridgemarkcenter.org

Mail or bring application w/application fee to: Bridgemark, 1912 E. Ferdell, Tyler, TX 75701

Yes, I (we) the parent(s) or legal guardian(s) of above mentioned child, REQUEST, AGREE, and GIVE APPROVAL that in case an injury to the child occurs at the summer session or school-related activity, and in the event that I (we) or the physician indicated above cannot readily be reached or if time is too critical to attempt to reach me (us) that the child be taken to an appropriate hospital at the discretion of school personnel for emergency care. I (we) further authorize the hospital and any attending physicians to perform any and all diagnostic procedures and/or treatment required.

The person signing below hereby releases, indemnifies, and holds harmless Bridgemark Center for Learning and Friendly Baptist Church. The person signing below hereby releases, indemnifies, and holds harmless all agents and employees, from and against any and all claims, liabilities, suits, actions, damages, debts, and attorney fees arising out of, claimed on account of, or in any manner predicated on loss to property of and injuries to, or death of any persons whatsoever, which may occur, and does hereby waive forever any demands or claims therefore against Friendly Baptist Church and Bridgemark, its agents and employees.

Signature

Date

Checks payable to: *Bridgemark*

Memo—Summer S.E.E.

Check \$ _____

Cash \$ _____

Venmo @BridgemarkCenter

**BRIDGE
MARK**
REDEFINING THE PATH
TO AN A-STAR STUDENT