

# 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 \_\_\_\_\_ BCL student \_\_\_\_\_  
 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

Camp tuition \$300 due week of therapy

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](mailto:gstewart@bridgemarkcenter.org)

Mail or bring application w/application fee to: Bridgemark, 1912 E. Ferdell St., 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

