

READY READERS



Help prepare your child for the upcoming school year by getting them ready to read! The Ready Readers curriculum is engaging and fun, utilizing multi sensory teaching strategies for language-based learning.

Program Highlights:

- * Incorporates all components of an effective reading program: phonemic awareness, phonics, vocabulary development, fluency, and comprehension strategies
- * Developed by an educator certified in Early Childhood Education, with over 20 years of teaching experience in Kindergarten, preschool, and as a Reading Specialist
- * Differentiated learning
- * Focus is on rhyming, alphabetic awareness, concepts of print, building emergent and independent reading skills, one-to-one matching, high frequency word recognition, and more
- * Classes located at DKH Academy convenience
- * Very limited class size
- * Wrap up the camp with an award and feedback on the right books for continued learning

July 29 - August 9

**MONDAY - FRIDAY
9:30AM - 11:30AM**

10 Consecutive days of Read Readers camp builds retention and confidence leading them into the school year!

Ages 5-7

Drop payments off at the DKH office during school hours (9am -4pm). Checks made payable to DKH Academy.

**Call 940-317-3494 for questions
or email parra@dkhacademy.org**

Tuition: \$399

"Research has shown that about 20 minutes a day, three or four times a week in phonemic awareness instruction will result in dramatic improvement in reading and spelling skills."

- National Institute for Child Health and Human Development

READY READERS



AGES 5-7

Student's Name _____ Male _____ Female _____

Home Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Age _____

Mother's Name _____ Phone # _____

Father's Name _____ Phone # _____

Email Address _____

School Experience _____

Cancellation Policy:

Registration may be cancelled two weeks prior to start dates for a refund of tuition **minus a \$75.00 cancellation fee**. No refunds will be given with less than two weeks' notice. (In cases of an emergency exceptions may be made.)

Health Information:

Physician _____ Phone # _____

Current health issues or concerns (such as food allergies): _____

I give permission for Nancy Parra's assumption of parental privilege in all EMERGENCY medical and general health situations. I understand that Nancy Parra and DKH Academy accept no responsibility for medical liability and neither party will be billed for any medical expenses incurred.

Signature of Parent or Guardian _____ Date _____