



**The Reading Barn**  
 Spring Hill Farm  
 3625 Route 82  
 Millbrook, New York 12545  
**(845) 677-3644**  
**TheReadingBarn.com**

# APPLICATION FORM

I would like to enroll my child:

\_\_\_\_\_

First/Last	Nickname	D.O.B.	Age
------------	----------	--------	-----

in the five week session from **Tuesday, July 7, 2026 – Thursday, August 6, 2026**

\_\_\_\_\_

Address	Home Phone
---------	------------

\_\_\_\_\_

City/Town	Zip Code
-----------	----------

Parent 1 name	Occupation	Caregiver 1 Cell Phone	Email Address
---------------	------------	------------------------	---------------

Parent 2 name	Occupation	Caregiver 2 Cell Phone	Email Address
---------------	------------	------------------------	---------------

EMERGENCY CONTACT	Home Phone	Cell or Business Phone	Email Address
-------------------	------------	------------------------	---------------

Person responsible for tuition fee \_\_\_\_\_

**(THIS IS IMPORTANT INFORMATION! PLEASE COMPLETE FULLY!)**

Name of present:

Teacher	School	Grade
---------	--------	-------

School's Address	Zip Code	Telephone	E-mail
------------------	----------	-----------	--------

Teacher Assignment for September 2024 \_\_\_\_\_

Name and address of other schools attended:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

(Continue)



**The Reading Barn**  
**APPLICATION FORM** (Continued)

Reason for enrolling your child:

- |  |  |
|--|--|
| <input type="checkbox"/> READING ENRICHMENT  | <input type="checkbox"/> MATH ENRICHMENT |
| <input type="checkbox"/> READING IMPROVEMENT |  |
| <input type="checkbox"/> CREATIVE WRITING    | <input type="checkbox"/> REMEDIAL MATH   |

Briefly describe your child's:

1. Weaknesses \_\_\_\_\_

2. Strengths \_\_\_\_\_

3. Interests \_\_\_\_\_

Parents have specific goals in mind that they would like to see their child achieve this summer. Please express your thoughts regarding your goals for your child:

---

---

---

---

---

The cost of this program is \$1200 for five weeks or \$250 for one week if the student is attending on a weekly basis.

**IMPORTANT: If there is financial difficulty, we can discuss an alternative agreement.**

Enclosed is a check for half of the tuition:  \$600.00 for your child

Enclosed is a check for the week(s) tuition: \_\_\_\_ week or weeks at \$250.00

I agree to pay the tuition balance by August 1, 2026

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please be sure your application is complete! Thank you.*