



Please print and complete the following form. Submit it to the address shown at the bottom.

R.U. Reading?

2009

Child's Name:
Age:
Grade in School:
Date of Birth:
Parent(s) names:
Address:
City, State, Zip:
Home Phone:
Work Phone:

Cost: \$475



Return to:
Dr. Margaret Policastro
Summer Reading Clinic
Roosevelt University
1400 N. Roosevelt Blvd.
Schaumburg, IL 60173
Fax (847) 619-8830