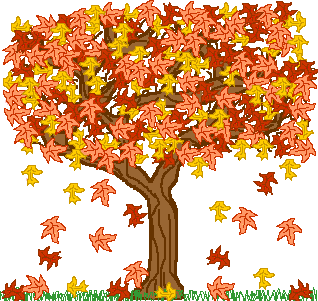
****

Project JumpStart

* Who?
  + For all preschool children, aged 3 to 5, especially those who have speech or language-learning challenges or developmental disabilities or delays.
* What?
  + A program that focuses on oral language and pre-literacy.
* Where?
  + Provided by Longwood Speech, Hearing, and Learning Services via Zoom.
* When?
  + Tuesdays from 10am-10:30am or 2pm-2:30pm beginning September 22nd, 2020 through November 2020.
* Why?
  + To help children develop oral language AND learn about print and how print works so that they will be more successful later in school.
* Cost?
  + $25, Limited financial support is available, if applicant qualifies.

Project JumpStart will be conducted by Communication Sciences and Disorders graduate student clinicians and supervised by a Longwood University faculty member who holds state and national credentials as a speech-language pathologist.

  
*Longwood University will not discriminate against any individual on the basis of race, sex, color, national origin, religion, sexual orientation, gender identity, age, political affiliation, veteran status, or disability status.*

For more information contact   
434-395-2972  
shls@longwood.edu



Project JumpStart

Registration Form, Fall 2020

*Complete and return to SHLS, Longwood University, PO Box 513, Farmville, Va. 23901*

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_

Child’s Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Age: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Caregiver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

Parent’s Phone Numbers: Home:\_\_\_\_\_\_\_\_\_\_\_\_\_ Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address of Parent/Caregiver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who will be participating in the live sessions with your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If we are not able to contact you, whom could we contact in the event of an emergency?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone numbers: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle which session you would like for your child to attend.

10am-10:30am 2pm-2:30pm

What would you like for us to know about your child? (ex: allergies, any restrictions or challenges, favorites, language spoken in the home, attends preschool, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

*Please see next page for Video and Photography Release.*



Longwood University  
201 High Street  
Farmville, VA 23901

PHOTOGRAPHY and VIDEOGRAPHY RELEASE

By my signature below, I hereby authorize Longwood University’s Speech, Hearing and Learning Services to use any or all photographs/videos taken of me for use in official college publications and marketing materials and/or education and training of students. I understand that these photos/videos will be used for promotional and informational purposes only and will not be sold to any outside agency. I also authorize any pictures taken during ***Project JumpStart*** can be shared between the projects participant families.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Name of Person Photographed or Video recorded   
  
Expiration Date of Authorization \_\_\_/ \_\_\_/ 20\_\_\_ OR No Expiration Date (check box)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature of Parent or Caregiver Date Signature of Witness