



Speech, Hearing, and Learning Services

at Longwood University

is pleased to announce

Project JumpStart

- Who?** For preschool children, aged 3 ½ to 5, who have speech or language-learning challenges or developmental disabilities or delay
- What?** A half-day program whose focus is on language and emergent literacy
- Where?** At Speech, Hearing, and Learning Services, 315 W Third St, Farmville
- When?** Monday, Tuesday, Thursday mornings, 9:00 to 11:45 each day, beginning October 2, 2017
- Why?** To help children develop oral language AND learn about print and how print works so that they will be more successful in school
- Cost?** \$50 registration fee (nonrefundable) and \$60 per week. 10% discount for families of LU employees. Limited stipends are available, if applicant qualifies.

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

Registration is ongoing until all openings are filled.

Complete one registration form on page 2 for each child.



**Speech, Hearing,
& Learning Services**

For more information contact
Dr. Peggy Agee
434-395-4869
ageepc@longwood.edu

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.



Project JumpStart

Registration Form

Complete and return to SHLS, Longwood University, 201 High Street, 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 Employer and Place of Work: _____

Parent's Phone Numbers Home: _____ Work: _____ Cell: _____

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: _____

Does this child have any allergies to foods or other things? Yes No

If "yes", please list: _____

Does this child have any dietary restrictions? Yes No

If "yes", please list: _____

Does this child have any limitations in physical activity because of health or wellness? Yes No

If "yes", please list: _____

What language(s) are spoken in the child's home? _____

Is this child currently attending a preschool program OR has the child attended a preschool program in the past? Yes No

Has this child had all recommended immunizations for a child of his/her age? Yes No

Does this child wear glasses? Yes No Does this child wear hearing aids? Yes No

Parent Signature

Date

Please see next page for Video and Photography Release and Authorization for Pick-up.



Longwood University
201 High Street
Farmville, VA 23909

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

AUTHORIZATION FOR PICK-UP

Please list below the names of people who have your permission to pick up your child from Project JumpStart

Name	Relation to Child
_____	_____
_____	_____
_____	_____
_____	_____