

UPP Registration

Name:	Address:	
Phone:		
E-mail:		
How many children do you have? Or, how many children are in your care? _____		
Ages:		(Circle ones attending UPP childcare.)
Below is a list of UPP topics and activities. Please put a check mark beside all the ones that you would like to work on.		
<p>Reading</p> <input type="checkbox"/> reading new or difficult words <input type="checkbox"/> understanding written instructions <input type="checkbox"/> reading about parenting issues <input type="checkbox"/> learning new vocabulary <input type="checkbox"/> helping your child learn to read	<p>Writing</p> <input type="checkbox"/> filling in forms <input type="checkbox"/> putting own ideas into writing <input type="checkbox"/> improving spelling <input type="checkbox"/> improving grammar and punctuation <input type="checkbox"/> helping your child learn to write	
<p>Speaking and Listening</p> <input type="checkbox"/> taking part in group discussions <input type="checkbox"/> explaining own ideas to a small group <input type="checkbox"/> using new vocabulary <input type="checkbox"/> reading children's stories out loud <input type="checkbox"/> talking with your child's teacher	<p>Math</p> <input type="checkbox"/> practising the basics: + - x ÷ <input type="checkbox"/> improving money math <input type="checkbox"/> using measurement for cooking <input type="checkbox"/> helping your child learn math <input type="checkbox"/> overcoming a fear of math	
<p>Computers</p> <input type="checkbox"/> using e-mail <input type="checkbox"/> finding information on the Internet <input type="checkbox"/> using interactive web sites	<p><i>Thank You!</i></p>	

Host Program / Location:

Start Date:

End Date: