

Center for Accessible Technology Summer 2011 Introduction to Keyboarding

Student Name: _____ Birth Date: _____
Parent Name(s): _____ Age: _____
Address: _____ Grade: _____
City/State/Zip: _____ Gender: _____
Phone: _____ E-mail: _____
School _____ Teacher _____

**Note that all classes are Monday through Thursday of each week
Please indicate in which class you are enrolling your student**

- ___ **July 25th – August 4th, 2:00 – 3:00 PM** **For kids entering grades 4 to 12**
- ___ **July 25th – August 4th, 3:30 – 4:30 PM** **For kids entering grades 4 to 12**

Describe your child's strengths & difficulties:

Has your child learned keyboarding in the past?

Will your child need assistance with class work or staying focused?

Describe any special adaptations that may be needed to participate, or any other things it would be helpful for the teacher to know:

How did you learn about our Keyboarding classes?

Return completed form with \$300 payment to:

Center for Accessible Technology
3075 Adeline, Suite 220
Berkeley, CA 94703

Scholarship funds needed! We gratefully accept donations above the \$300 registration fee so we can offer scholarships to students that could not otherwise afford the class. Indicate the amount of your tax-deductible donation here: _____