

CHILD INFORMATION

FIRST NAME	LAST NAME	AGE	GRADE	DOB

PARENT(S)/LEGAL GUARDIAN INFORMATION

#	FIRST NAME	LAST NAME	RELATIONSHIP	HOME TEL	CELL	EMAIL
1 st						
2 nd						
HOME ADDRESS			APARTMENT / FLOOR	CITY	STATE	ZIP

WEEKLY WORKSHOP REGISTRATION – Check all weeks your child will attend.

WEEK	SESSION DATES	SESSION THEME	CHOOSE AM SESSIONS 11.30am – 12.15pm or PM SESSIONS 1.45pm – 2.30pm OR BOTH	TUITION TOTAL
<input type="checkbox"/> 1	July 13 – 17	<i>City Slickers</i>	<input type="checkbox"/> AM @ \$175 -or- <input type="checkbox"/> PM @ \$175 -or- <input type="checkbox"/> BOTH @ \$350	
<input type="checkbox"/> 2	July 20 – 24	<i>Life's a Beach</i>	<input type="checkbox"/> AM @ \$175 -or- <input type="checkbox"/> PM @ \$175 -or- <input type="checkbox"/> BOTH @ \$350	
<input type="checkbox"/> 3	July 27 –31	<i>Animal Circus</i>	<input type="checkbox"/> AM @ \$175 -or- <input type="checkbox"/> PM @ \$175 -or- <input type="checkbox"/> BOTH @ \$350	
<input type="checkbox"/> 4	August 3 – 7	<i>Forest Rangers</i>	<input type="checkbox"/> AM @ \$175 -or- <input type="checkbox"/> PM @ \$175 -or- <input type="checkbox"/> BOTH @ \$350	
<input type="checkbox"/> 5	August 10 - 14	<i>Blast Off</i>	<input type="checkbox"/> AM @ \$175 -or- <input type="checkbox"/> PM @ \$175 -or- <input type="checkbox"/> BOTH @ \$350	
<input type="checkbox"/> 6	August 17 - 21	<i>Storybook Adventures</i>	<input type="checkbox"/> AM @ \$175 -or- <input type="checkbox"/> PM @ \$175 -or- <input type="checkbox"/> BOTH @ \$350	
TOTAL NUMBER OF WEEKS REGISTERING			TOTAL NUMBER OF SESSIONS REGISTERING	\$

Full Payments to be paid via credit card upon registration on or before: **June 30, 2020.**

If registering after June 30, full payment is due upon registration.

Date

ABOUT YOUR CHILD

How does your child communicate?		How many words is your child using?	Is articulation or speech intelligibility impaired?
Does your child follow directions/instructions without assistance? If not, with assistance?		Does your child communicate in gestures, single words, short sentences or long sentences?	
Does your child have any diagnosis that would affect their speech and language development?		Does your child use language for social functions?	
Does your child communicate well with peers? If not, with assistance?	Does your child attend school? If so, what school?	Does your child receive support services? If so, what support services?	
Please attach any current school, doctor or therapist reports with your registration.			<input type="checkbox"/> Document(s) Received Date: _____

MEDICAL

***DESCRIBE MEDICAL CONCERNS BELOW.**

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