

**CHILD INFORMATION**

FIRST NAME	LAST NAME	AGE	GRADE	DOB
MEDICAL CONCERNS?*		FOOD ALLERGIES?*		POTTY TRAINED?
<input type="checkbox"/> Yes, see below to add details.		<input type="checkbox"/> Yes. Please list:		<input type="checkbox"/> Yes <input type="checkbox"/> No

**PARENT(S)/LEGAL GUARDIAN INFORMATION**

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

**EMERGENCY / ALTERNATIVE CONTACT / PHYSICIAN INFORMATION** – *In case of emergency & we can't reach you*

FIRST NAME	LAST NAME	RELATIONSHIP TO CHILD	CELL PHONE	DOCTORS NAME	TELEPHONE

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

WEEK	SESSION DATES	SESSION THEME	TUITION BASE	EXTENDED CARE \$35 per hour / day	DISCOUNTS Sibling   Multi-Week	WEEKLY TUITION TOTAL
<input type="checkbox"/> 1	Jul 9 – 13	<i>Under the Sea</i>	<input type="checkbox"/> \$650	<input type="checkbox"/> \$35 AM <input type="checkbox"/> \$35 PM	<input type="checkbox"/> \$50 <input type="checkbox"/> \$50	\$
<input type="checkbox"/> 2	Jul 16 – 20	<i>Circus / Carnival</i>	<input type="checkbox"/> \$650	<input type="checkbox"/> \$35 AM <input type="checkbox"/> \$35 PM	<input type="checkbox"/> \$50 <input type="checkbox"/> \$50	\$
<input type="checkbox"/> 3	Jul 23 – 27	<i>Around the World</i>	<input type="checkbox"/> \$650	<input type="checkbox"/> \$35 AM <input type="checkbox"/> \$35 PM	<input type="checkbox"/> \$50 <input type="checkbox"/> \$50	\$
<input type="checkbox"/> 4	Jul 30 – Aug 3	<i>Folk Tales / Storybooks</i>	<input type="checkbox"/> \$650	<input type="checkbox"/> \$35 AM <input type="checkbox"/> \$35 PM	<input type="checkbox"/> \$50 <input type="checkbox"/> \$50	\$
<input type="checkbox"/> 5	Aug 6 - 10	<i>Aliens, Space &amp; Robots</i>	<input type="checkbox"/> \$650	<input type="checkbox"/> \$35 AM <input type="checkbox"/> \$35 PM	<input type="checkbox"/> \$50 <input type="checkbox"/> \$50	\$
<input type="checkbox"/> 6	Aug 13 - 17	<i>Time Travel – Back In Time</i>	<input type="checkbox"/> \$650	<input type="checkbox"/> \$35 AM <input type="checkbox"/> \$35 PM	<input type="checkbox"/> \$50 <input type="checkbox"/> \$50	\$
<b>TOTAL NUMBER OF WEEKS REGISTERING</b>			<b>SUMMER TUITION TOTAL:</b>			<b>\$</b>

*Summer session hours are 10am – 1pm. Extended care hours are 9am-10am and 1pm-2pm.*

*10% discount will be given to additional registered siblings.*

Half tuition (\$325) per session is due upon registration. Remaining tuition and extended care fees must be paid in full for all registered session by June 29, 2018.

<b>TOTAL HALF TUITION DUE AT REGISTRATION:</b>	\$	Date:	
<b>REMAINING BALANCE DUE BY 6.29.18:</b>	\$	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**

<b>*DESCRIBE MEDICAL CONCERNS AND/OR FOOD ALLERGIES BELOW.</b>	
<b>*DOES YOUR CHILD NEED AN EPI-PEN / INHALER OR OTHER MEDICATION DUE TO A MEDICAL CONDITION OR ALLERGY?</b>	
<input type="checkbox"/> No	<input type="checkbox"/> Yes, indicate/describe:
Copies of current medical forms and vaccinations must be received by June 29, 2018 before child can participate in weekly sessions.	<input type="checkbox"/> Medical Forms Received on (date): _____ <input type="checkbox"/> Vaccinations Copy Received (date): _____