

**CHILD INFORMATION**

<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>AGE</b>	<b>GRADE</b>	<b>DOB</b>
<b>MEDICAL CONCERNS?*</b>		<b>FOOD ALLERGIES?*</b>		<b>POTTY TRAINED?</b>
<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>						
<b>HOME ADDRESS</b>			<b>APARTMENT / FLOOR</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>

**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 \$50 per hour / day	DISCOUNTS Sibling   Multi-Week	WEEKLY TUITION TOTAL
<input type="checkbox"/> 1	Jul 13 – 17	City Slickers	<input type="checkbox"/> \$700	<input type="checkbox"/> \$50 AM <input type="checkbox"/> \$50 PM	<input type="checkbox"/> \$50 <input type="checkbox"/> \$50	\$
<input type="checkbox"/> 2	Jul 20 – 24	Life's a Beach.	<input type="checkbox"/> \$700	<input type="checkbox"/> \$50 AM <input type="checkbox"/> \$50 PM	<input type="checkbox"/> \$50 <input type="checkbox"/> \$50	\$
<input type="checkbox"/> 3	Jul 27 – 31	Animal Circus	<input type="checkbox"/> \$700	<input type="checkbox"/> \$50 AM <input type="checkbox"/> \$50 PM	<input type="checkbox"/> \$50 <input type="checkbox"/> \$50	\$
<input type="checkbox"/> 4	Aug 3 – 7	Forest Rangers	<input type="checkbox"/> \$700	<input type="checkbox"/> \$50 AM <input type="checkbox"/> \$50 PM	<input type="checkbox"/> \$50 <input type="checkbox"/> \$50	\$
<input type="checkbox"/> 5	Aug 10 - 14	Blast Off	<input type="checkbox"/> \$700	<input type="checkbox"/> \$50 AM <input type="checkbox"/> \$50 PM	<input type="checkbox"/> \$50 <input type="checkbox"/> \$50	\$
<input type="checkbox"/> 6	Aug 17 - 21	Storybook Adventures	<input type="checkbox"/> \$700	<input type="checkbox"/> \$50 AM <input type="checkbox"/> \$50 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.

**Save \$50 per week when registering by May 30th**

\$50 discount will be given to additional registered siblings. \$50 discount will be applied when registering for multiple weeks.

Half tuition (\$350) per session is due upon registration. Remaining tuition and extended care fees must be paid in full for all registered session by June 30, 2020.

<b>TOTAL HALF TUITION DUE AT REGISTRATION</b>	\$	Date	
<b>REMAINING BALANCE DUE BY 06.30.2020</b>	\$	Date	

**ABOUT YOUR CHILD**

<b>How does your child communicate?</b>	<b>How many words is your child using?</b>	<b>Is articulation or speech intelligibility impaired?</b>
<b>Does your child follow directions/instructions without assistance? If not, with assistance?</b>	<b>Does your child communicate in gestures, single words, short sentences or long sentences?</b>	
<b>Does your child have any diagnosis that would affect their speech and language development?</b>	<b>Does your child use language for social functions?</b>	
<b>Does your child communicate well with peers? If not, with assistance?</b>	<b>Does your child attend school? If so, what school?</b>	<b>Does your child receive support services? If so, what support services?</b>
<b>Please attach any current school, doctor or therapist reports with your registration.</b>		<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: _____
<b>Copies of current medical forms and vaccinations must be received by June 30, 2020 before child can participate in weekly sessions.</b>	<input type="checkbox"/> Medical Forms Received on (date): _____ <input type="checkbox"/> Vaccinations Copy Received (date): _____