

SURVIVOR CAMP 2010 REGISTRATION FORM

AGES 2 1/2 - 3 1/2

Please print out this form and return it with your payment to the address below.

Name of camper: _____ Date of Birth: _____

Name of parents: _____ Parent E-Mail: _____

Address: _____

Phone: _____ Emergency Contact & Phone: _____

Allergies and Other Precautions: _____

What would you most like your child to get from our camp? _____

Please describe your child's speech, language, social and sensory-motor skills _____

Is there anything else we should know about your child? _____

Consent & Agreement

I, _____, would like to enroll my child, _____ in Survivor Camp. I give permission for Building Blocks Therapy and its associates to provide treatment and services at the camp. I understand that photographs will be taken at the camp and used for the sole purpose of sharing information about the summer camp with other parents and professionals and in the production of video at the end of camp. I understand that half of the cost of the camp is due by May 31st and the other half is due upon commencement of the camp.

Payment Information

Survivor Camp will run 1 week and will be held at Mt. Olivet Church, 1500 Glebe Road, Arlington, VA. A non-refundable deposit of 50% is due at time of registration. The second half is due May 15, 2010.

Session I for 2 1/2 - 3 1/2 Year Olds (or Young 4's) \$1,000.00 (\$950.00 for returning campers)

Payment Options:

Pay in full, a check is enclosed for: _____

Please bill my credit card for the total amount of \$1000.00*

Pay for half, a check is enclosed for: _____

Please bill my credit card for half the amount of \$500.00* and bill the other half on May 15, 2010

Name on Credit Card: _____

* \$50 less total for returning campers.

Credit Card Number: _____ Expiration Date: _____

Please return this form with payment to:

Building Blocks Therapy
Attention: Kirsten Metzger
450 West Broad Street, Suite 215
Falls Church, VA 22046