

# SURVIVOR CAMP 2010 REGISTRATION FORM

## AGES 4 - 7

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 at the time of registration and the other half is due by May 15.

### Payment Information

Survivor Camp will run for 4 weeks and will be held at Westover Baptist Church located on the corner of Patrick Henry Drive and Washington Blvd. in Arlington, VA. A non-refundable deposit of 50% is due at time of registration. The second half is due May 15, 2010.

Ages 4-7 years - 4 weeks

Tuesday, July 6 - Thursday, July 29 ..... \$2,700 (Week 1, Tues. - Fri.; Weeks 2-4 Mon. - Fri.)

2-week sessions may become available after May 15 ..... \$1,500

### Payment Options:

Pay in full, a check is enclosed for: \_\_\_\_\_

Please bill my credit card for the total amount of \$2700.00

Pay for half, a check is enclosed for: \_\_\_\_\_

Please bill my credit card for half the amount of \$1350.00, and bill the other half on May 15, 2010

Name on Credit Card: \_\_\_\_\_

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