

Camp PAL 2018 Registration

July 10th—August 16th

At Briarwood Elementary School, 151 Briarwood Rd., Florham Park, NJ

Date of Registration: _____

Child's Name: _____ Gender: M ___ F ___

Child's Birthdate: _____ Age as of June 30th, 2017: _____

Address: _____

City: _____ State: _____ Zip: _____

Parents' Names: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Person to contact in an emergency if parent cannot be reached:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Person(s) other than parent authorized to pick child up from Camp PAL:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Medical Contact Information: Pediatrician: _____ Phone number: _____

Other Doctor: _____ Phone number: _____

Formal diagnosis, if any: _____

Health Comments and History (allergies, asthma, medications, limitations, dietary restrictions, etc.):

CAMP PAL 2018 PAYMENT INFORMATION

- Campers may require a free comprehensive screening to determine group placement.
- Camp PAL deposits are due at time of enrollment. Child screenings/report review will not be conducted prior to deposit.
- All Camp PAL balances are due in full by June 1, 2018.
- Due to fixed cost and expenditures based on definite enrollment and dates, Camp PAL deposits and balance payments are non-refundable and non-transferable to other programs/therapy sessions at CSS.
- A 5% sibling discount per family will be credited to the youngest camper's tuition.
- Campers registering after June 1st are required to pay IN FULL at the time of registration.
- Camp PAL tuition is NOT eligible for reimbursement through any insurance carrier.

Early Bird Registration: Register by March 30th and take \$50 off Camp PAL tuition.

1:30-4:30pm Tuesday, Wednesday, Thursday

\$495 per week (\$450 per week if registering for 4 or more weeks)

Week 1: July 10th—12th

Week 2: July 17th—19th

Week 3: July 24th—26th

Week 4: July 31st—2nd

Week 5: August 7th—9th

Week 6: August 14th—16th

of weeks ____ x \$____ per week = _____

Deposit of \$100 per week total _____

Camp PAL deposit (due at time of registration)

Check for deposit payable to Creative Speech Solutions, LLC, enclosed in the amount of _____

Please charge the deposit to my credit card: Visa MasterCard

Credit Card Number: _____ Exp. Date: _____

Security Code (CVV): _____ Amount: _____

Signature: _____

Camp PAL balance (due by June 1, 2018)

I will mail a check made out to Creative Speech Solutions, LLC in the amount of _____

Charge the credit card listed above (balance will be charged automatically on 6/1/17, unless payment is made before this date); Amount: _____

FULL PAYMENT made at time of registration.

A check made out to Creative Speech Solutions, LLC, is enclosed in the amount of _____

Charge the credit card listed above; Amount _____

I HAVE READ, UNDERSTOOD AND I AGREE TO ALL THE TERMS OF ENROLLMENT ABOVE:

Parents/Guardians Name(s) (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

Creative Speech Solutions, LLC

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