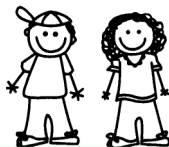


Please attach a recent photo of your child here.



CREATIVE SPEECH SOLUTIONS, LLC

Pediatric Therapy Center

Camp PAL 2017 Registration

July 11th—August 17th

At Southern Boulevard Elementary School, 192 Southern Blvd., Chatham, NJ 07928

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 2017 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, 2017.
- 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 11th—13th
- Week 2: July 18th—20th
- Week 3: July 25th—27th
- Week 4: August 1st—3rd
- Week 5: August 8th—10th
- Week 6: August 15th—17th

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, 2017)

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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