

Please attach a recent photo of your child here.



CREATIVE SPEECH SOLUTIONS, LLC

Pediatric Therapy Center

Mini-Camp PAL 2014 Registration

July 7—August 14, 2014

Date of Registration _____

Child's Name _____ Gender: M ___ F ___

Child's Birthdate _____ Age _____

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 _____

People other than parent authorized to pick child up from Mini 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.):

MINI-CAMP PAL 2014 PAYMENT INFORMATION

- Participants may require a free comprehensive screening to determine group placement.
- Mini Camp PAL deposit is due at time of enrollment. Child screenings/report review will not be conducted until deposit has been received. (If an appropriate group is not available at day or time you choose, we will refund your deposit.)
- Due to fixed cost and expenditures based on definite enrollment and dates, Mini Camp PAL deposits and balance payments are non-refundable and non-transferable to other programs/therapy sessions at CSS.
- It is the parents responsibility to know their insurance benefit parameters. Necessary pre-certifications must be completed by the family. We cannot guarantee or wait for insurance coverage.
- Please be advised that groups will be established by age and ability.
- Twenty-four hours notification is required to cancel a session. If your child misses more than 1 Camp session for any reason (including illness) or you cancel with less than 24 hours' notice, you will be billed a cancellation fee (\$87.00) for each missed session. There are no excusable absences or exceptions once the one-session cancellation maximum has been reached. Cancellation fees are can not be submitted to insurance for reimbursement.

Please see group information on reverse.

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

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____ Date _____

Mini Camp PAL 2014

July 7—August 14, 2014

Please check the Mini Camp PAL group(s) you would like to register your child for and the day and time that you would like your child to attend that group. You may register for multiple groups/sessions/days. Each group meets the same day and time each week and runs for 6 weeks. Each group meets for 1 hour per week at the specified session price per hour for 6 sessions.

Group Name	Price per session	Day	Time (subject to change)
		Please # days in order of preference	Please # group times in order of preference
Chat & Play with Friends	\$87.00 ___ time(s) per week	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	<input type="checkbox"/> 1:00 pm—2:00 pm <input type="checkbox"/> 2:00 pm—3:00 pm
Loving Literacy	\$87.00 ___ time(s) per week	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	<input type="checkbox"/> 1:00 pm—2:00 pm <input type="checkbox"/> 2:00 pm—3:00 pm
From Jumping to Drawing	\$87.00 ___ time(s) per week	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> 1:00 pm—2:00 pm <input type="checkbox"/> 2:00 pm—3:00 pm
Happy Handwriting	\$87.00 ___ time(s) per week	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> 1:00 pm—2:00 pm <input type="checkbox"/> 2:00 pm—3:00 pm
Fun with Food	\$119.00	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	<input type="checkbox"/> 1:00 pm—2:00 pm <input type="checkbox"/> 2:00 pm—3:00 pm

If you are not available during the days and times listed, but are still interested in a group, please contact us directly.

For *Chat & Play with Friends, Loving Literacy, From Jumping to Drawing, Happy Handwriting*:

Number of sessions _____ x price per session \$ _____ = Total _____

For *Fun with Food* :

Number of sessions _____ x price per session \$ _____ = Total _____

Deposit of \$150.00 per Group enrolled in:

Number of groups _____ x \$150.00 per group = Deposit \$ _____.

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 _____

FULL PAYMENT is expected by 6/27/14, unless otherwise arranged.