

Please attach a recent photo of your child here



## CREATIVE SPEECH SOLUTIONS, LLC

*Pediatric Therapy Center*

# Virtual Camp PAL 2020 Registration

(Virtual small groups will be held via Zoom)

Date of Registration: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Gender: M\_\_F\_\_

Child's Birthdate: \_\_\_\_\_ Age as of June 30th, 2020: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Formal diagnosis, if any:** \_\_\_\_\_

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

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### **CAMP PAL 2020 PAYMENT INFORMATION**

- Campers may require a free comprehensive screening by Camp Director to determine group placement (done via Zoom).
- Child screenings/report review will not be conducted prior to payment.
- Camp PAL payments are non-refundable and non-transferable to other programs/therapy sessions at CSS. If an appropriate group is not available, your payment will be refunded in its entirety.
- A 5% sibling discount per family will be credited to the youngest camper's tuition.
- Camp PAL tuition is NOT eligible for reimbursement through any insurance carrier

**Virtual Camp PAL Registration Options**

**Session 1 Tuition:**

(July 13<sup>th</sup>-August 7<sup>th</sup>):

**\$475 per group** (2 45-minute sessions/week)  
**\$850 for two groups** (4 45-minute sessions/week)

**Session 2 Tuition:**

(August 10<sup>th</sup>-August 28<sup>th</sup>)

**\$360 per group** (2 45-minute sessions/week)  
**\$650 for two groups** (4 45-minute sessions/week)

**Please select groups below:**

Session 1 Group Choices: (July 13<sup>th</sup>-August 7<sup>th</sup>)

Chat and Play\* – Tuesday and Thursday (2 45-minute sessions/week)

Please check if interested in possible Chat and Play/Music Therapy with Jammin Jenn (additional cost)

From Jumping to Drawing- Monday and Wednesday (2 45-minute sessions/week)

Amount Due: \_\_\_ One Group=\$475  
                  \_\_\_ Two Groups= \$850

Session 2 Choices: (August 10<sup>th</sup>-August 28<sup>th</sup>)

Chat and Play – Tuesday and Thursday (2 45-minute sessions/week)

Please check if interested in possible Chat and Play/Music Therapy with Jammin Jenn (additional cost)

From Jumping to Drawing- Monday and Wednesday (2 45-minute sessions/week)

Amount Due: \_\_\_ One Group=\$360  
                  \_\_\_ Two Groups= \$650

Please indicate below all timeframes you are available; (the more flexibility you have, the easier it will be to place your child into an appropriate group):

Mornings (9:00 am – 12 noon):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Afternoons (12:30 pm – 3:30 pm):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you prefer an evening session is one is available? Yes \_\_\_ No \_\_\_

Additional Comments/Availability:

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Total for Virtual Camp PAL 2020 \_\_\_\_\_

**Camp PAL deposit (\$100 due at time of registration) Total deposit \$\_\_\_\_\_**

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**

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 due once your child is placed in a group); 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: \_\_\_\_\_