

CAMP 2017 REGISTRATION FORM AGES 4-7 years

Please print out this form and return it with your payment to the address below.

Child's Name:		Date of Birth:
Parent's Name/s:		
Email Guardian #1:	Email Guardian #2:	
Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
Allergies or other precautions:		

Name of person dropping off/picking up your child if different from guardian:	
Phone:	Email:

What would you most like your child to get from camp?
Please describe your child's social and play skills:
Please describe your child's sensory motor, gross and fine motor skills, please note any safety concerns:
Please describe your child's speech and language skills:
Is your child independent in going to the bathroom, dressing and feeding, if not, please describe the level of assistance they are likely to need during camp:
Does your child have an aid at their current school placement? YES NO
If you answered "YES", please discuss the possibility of the aid attending camp during the initial camp consultation.

Consent & Agreement

I, _____, would like to enroll my child, _____ in Camp. I give permission for Building Blocks Therapy and its associates and Fairfax FUNdamentals to provide treatment and services at the camp. I understand that photographs/videos 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 for our end of camp slide show. I understand that half of the cost of the camp is due with registration and the other half is due by June 1, 2017.

I understand that health insurance policies and reimbursement are between myself and my insurance company. **I understand that services provided by Fairfax FUNdamentals (Occupational Therapy) and Building Blocks Therapy (Speech Therapy) for the above individual are charged directly to me and I am responsible for payment in full.** This is an interdisciplinary camp, please check with your provider regarding reimbursement for services. Some carriers may reimburse for both therapies, one but not the other, or not at all. You will be given a an itemized bill with appropriate codes at the end of camp by Fairfax FUNdamentals and Building Blocks Therapy for the hours your child attended camp.

I understand that due to the many restricted dietary needs of campers Building Blocks Therapy is not able to provide a snack or lunch and that I will pack a snack and lunch daily. **Due to the many allergies of the children, camp must be a peanut free environment.**

By signing below I agree that I have read, understand and will abide by the Consent & Agreement written above:

Signature

Date

Printed Name

Payment Information

Camp will run 4 weeks: Wednesday July 5 - Thursday July 27, 2017 (9:30am-2:00pm).

Week 1 will run Wednesday-Friday; Weeks 2-4 will run Monday-Thursday.

A non-refundable deposit of 50% is due at time of registration. The second half is due June 1, 2017.

Registrations after that time will be accepted on a case by case basis and as space permits. There will be a late registration fee of \$100.00 after June 1, 2017 and payment is expected in full with Registration.

- Four week camp for 4-7 Year Olds \$3300.00
- Two week camp for 4-7 Year Olds \$1900.00 (combo of Weeks 2-4)
- Two week camp for 4-7 Year Olds.....\$1700 (**combo of shortened Week 1 + other week**)

Please make sure to check the weeks your child will be attending camp.

- All four weeks
- Week 1& 2, July 5-7, 2017 and July 10-13, 2017 \$1700 (*please note the Wednesday start day for Week 1)
- Week 3 and 4, July 17-20, 2017 and July 24-27, 2017 \$1900

Payment Options:

- Please bill my credit card for the total amount: \$3300.00* (or \$1700/\$1900 for 2-weeks).
 - Pay in full, check is enclosed for: _____
 - Please bill my credit card for half the amount: \$1650.00* (or \$950 for 2 weeks) and bill the other half on June 1, 2017
 - Pay for half, a check is enclosed for: _____
- Name on Credit Card: _____
- Credit Card Number: _____ 3-Digit code _____
- Expiration Date: _____

Please return this form with payment to:

Building Blocks Therapy
Attention: Susan Goco, Billing Department
450 West Broad Street, Suite 215
Falls Church, VA 22046