

Splish S.P.L.O.S.H 2022 REGISTRATION FORM AGES 4-10 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 the program?
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 the day:
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 the program during the initial meet and greet.

Consent & Agreement

I, _____, would like to enroll my child, _____ in the Splish-S.P.L.O.S.H. Summer Program. I give permission for FUNdamentals and Building Blocks Therapy to provide treatment and services at the program. I understand that photographs/videos will be taken and used for the sole purpose of sharing information about the summer program with other parents and professionals and for our end of the month slide show. I understand that half of the cost of the program is due with registration and the other half is due by June 1, 2022.

I understand that health insurance policies and reimbursement are between myself and my insurance company. **I understand that services provided by FUNdamentals and Building Blocks for the above individual are charged directly to me and I am responsible for payment in full.** This is an interdisciplinary program, 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 an itemized bill with appropriate codes at the end of the program by FUNdamentals and Building Blocks Therapy for the hours your child attended Splish S.P.L.O.S.H.

I understand that due to the many restricted dietary needs of the children FUNdamentals and Building Blocks Therapy are 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, Splish S.P.L.O.S.H 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

The program will run 4 weeks, 4 days one week and 5 days the other three: Tuesday July 5th, 2022 - Friday July, 29th 2022 (9:30am-2:00pm).

A non-refundable deposit of 50% is due at time of registration. The second half is due June 1, 2022. 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, 2022 and payment is expected in full with Registration.

Four week program for 4-10 Year Olds \$4450.00
Two week program for 4-10 Year Olds \$2225.00 (combo of Weeks 1-4)

Please make sure to check the weeks your child will be attending Splish S.P.L.O.S.H.

- All four weeks: \$4450.00
- Two Weeks: \$2225.00. Please specify the two weeks, keep in mind they need to be two consecutive weeks: _____

Payment Options

- Please bill my credit card for the total amount: \$4450.00* (or \$2225 for 2-weeks).
- Pay in full, one check (made out to FUNdamentals) is enclosed for: _____
- Please bill my credit card for half the amount: \$2225.00* (or \$1112.50 for 2 weeks) and bill the other half on June 1, 2022
- Pay for half, one check (made out to FUNdamentals) is enclosed for: _____

Credit Card Information

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____

Please return this form with payment to:
FUNdamentals and Building Blocks
Attention: Susan Goco, Billing Department
450 West Broad Street, Suite 215
Falls Church, VA 22046