

Please return this form with your deposit to reserve placement for your child.

THERAPY IN ACTION SUMMER CAMP Registration Form

Child's Name _____

Age _____ Birth Date _____

Parent(s) Name(s) _____

Address _____

Primary Phone # _____

Cell phone # _____

CHILDREN AGES 4-12 MONDAY THRU FRIDAY

___ SESSION 1

(1 week) June 27-July 1st

___ full day 9am-3pm — Tuition \$300.00

___ half day 9am-12noon — Tuition \$150.00

___ SESSION 2

(2 weeks) Aug 15-26

___ full day 9am-3pm — Tuition \$600.00

___ half day 9am-12noon — Tuition \$300.00

Paid in advance 10 days prior to start.

\$100.00 deposit to reserve spot

Limit of 30 campers per session.

Electives: One per session. list in order of choice (1st, 2nd, etc.)

___ Pencils In Action

___ Get Linked: Social Skills

___ C.O.P.E. (Self-regulation)

___ S.O.A.R. (Sensory motor)

___ Sib-Shop (sibling support)

Special accommodations (medications, nursing needs, 1:1 aids)

2005 Camp Rules

Drop Off/Pick up: Drop off times are between 8:30 and 9:00 am. Pick up times are between 12:00 and 12:30 pm for half-day campers. Pick up time for full day campers is at 3:00pm. A \$1.00 fee per minute will be assessed for pick-up after the 12:30 or 3:00 pick up time. Pick up and drop off locations is in a car-pool fashion at the Therapy In Action back door—in the parking lot.

Food: parents must provide non-perishable food items for campers. Full-day campers need enough food for two snacks and a lunch. Half-day campers need enough for one snack. (no lunch).

Clothing: Campers must wear clothing that is clean, non-offensive, and allows comfortable gross motor movement. An extra set of clothing items must be provided each day if clothing becomes wet during water play.

Fees: Tuition must be paid in full 10 days in advance of session start. There are no discounts or refunds for missed hours or days. Visa/Master Card accepted.

Sickness: Children may not participate in camp if they are sick.

Medications/Special Accommodations or Nursing

Needs: Therapy In Action Employees are not authorized to distribute medications or nursing procedures. We are unable to provide 1:1 supervision during summer camp. These needs must be met by the parent or person authorized by the parent and must be pre-arranged with a Therapy In Action director.

Child's skill level: 1 = above average
2 = average
3 = below average

___ Social Skills ___ Self Regulation

___ Fine Motor ___ Gross Motor

List Allergies, special instructions

I agree to all rules, regulations, fees for my child as stipulated above and on the emergency information sheet.

Enclosed is my \$100.00 deposit to reserve my child as a camper.



Parent(s) signature _____

Date _____

Return to: Therapy In Action 18522 Oxnard St. Tarzana, CA 91356 818/708-2292