

Registration Form
Summer Group Program

Child's Name: _____

Parent's Names: _____

Address: _____

City: _____ Zip _____

Day Phone: _____

Evening Phone: _____

Email: _____ Work or Home?

Child's Birthdate: _____ Age in June: _____

Younger Group 4 to 6 y.o.
June 11th thru 15th

Older Group 7 to 9 y.o.
June 18th thru 22nd

Any formal diagnosis or areas of concern you wish to share?

How did you hear about us? _____

- \$465 deposit enclosed
- \$930 payment "in full" is enclosed
- \$477.75 deposit to be swiped using credit card (must be processed to hold your space)
- \$955.55 payment "in full" to be swiped using credit card (must be received prior to 1st day of camp)

Have you already attended the Parent Overviews on Sensory Integration?

- Yes** Month & Year? _____
- No** If not, please include the payment of \$130 (reduced rate) Parent Overview Series along with the **Overview Registration Form**, indicating the dates you wish to attend.

Make all checks payable to: **Christy Kennedy, OTR/L, INC**
and mail to:

234 E. Parkwood Rd
Decatur, GA 30030