

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 15th thru 19th

Older Group 7 to 9 y.o.  
June 22nd thru 26th

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

How did you hear about us? \_\_\_\_\_  
\_\_\_\_\_

- \$465 deposit enclosed / sent via Zelle to: ckennedy@mindspring.com
- \$930 payment "in full" is enclosed / sent via Zelle to: ckennedy@mindspring.com
- \$480 deposit to be swiped using credit card (must be processed to hold your space)
- \$960 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 Registratio 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

Zelle payments are made thru your bank with no service charge.