



Summer Friends Adventure Camps - 2010

Special Interest Small Group Camps For Children With Special Needs.

Families can choose a camp that matches the interests and desired target skills to address. All camps are designed to provide opportunities to further develop social and sensory motor skills required for successful group interaction within a special interest theme. An occupational therapist and a trained assistant will facilitate each camp.

If you are interested in a particular camp but the following dates or times do not work for your family, please call RPTA to get placed on a list. If there is enough interest from other families, we may have the staff available to create a new group.

5 weeks (1 x Week)	
All Classes 2:30 - 4:30 PM - (Cost \$295 Per Camp)	
Tuesdays -	Cooking with Friends June 15 th , 22 th , 29 th July 6 th , 13 th
Wednesdays -	Moving with Friends June 16 th , 23 rd , 30 th , July 7 th , 14 th
Thursdays -	Performing with Friends June 17 th , 24 th , July 1 st , 8 th , 15 th
Fridays (3pm-5pm) (Ages 11-15)	Teen Project Adventure June 18 th , 25 th , July 2 nd , 9 th , 16 th

Adventures in Writing	
All sessions Monday - Friday 9am - 12 Noon (Cost \$395 per Camp)	
Ages 6-8yrs	July 19-23
Ages 8-10 yrs	July 26-30
Ages 10-12 yrs	Aug 2 - Aug 6

Summer Friends Adventure Camps – Registration Form (2010)

Child's Name: _____ Age: _____ Date of Birth _____

Parent's Name: _____
Address: _____

Phone: (home) _____ (Cell/work) _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Deposits of \$200 per Camp will reserve your child's slot.

Balance for all camps due June 1st . Registration is on a first come basis

CAMP TITLE	Dates: (Please Circle Your Choices)	Fee	Deposit (\$200/camp)
Cooking with Friends	Weekly on TUES , Jun 15 th – Jul 13 th	\$295	
Moving with Friends	Weekly on WEDS , Jun 16 th – Jul 14 th	\$295	
Performing with Friends	Weekly on THURS , Jun 17 th – Jul 15 th	\$295	
Teen Project Adventure	Weekly on FRIDAYS , Jun 18 th – Jul 16 th	\$295	
Adventures in Writing	Session 1 – Ages 6 yrs – 8yrs Week of July 19	\$395	
	Session 2 – Ages 8 yrs – 10 yrs Week of July 26		
	Session 3 – Ages 10 yrs – 12 yrs Week of Aug 2		
Totals			

Refund/ Cancellation Policy

Cancellations must be made in writing prior to 2 weeks before the start of camp. No refunds will be made for cancellations beyond 2 weeks prior to start of camp.

I accept the terms and conditions outlined above.

Parent or Guardian

Date

Mail to:	Redwood Pediatric Therapy Associates Inc. 2999 Cleveland Ave Suite D Santa Rosa, CA 95403
Phone:	707-546-9160
Web:	www.redwoodpediatric.com

Emergency Medical Information/ Contact Information

Redwood Pediatric Therapy Associates Inc.

Students Name		Date of Birth
Parent / Guardian Contact Information 1 2	Phone	Alternative Phone #
In case of Injury or illness, we <i>must</i> have the name of person(s) who are authorized to pick up and transport your child if you are not available. 1 2 3	Phone	Relationship to Student
Allergy / Medical Information		
Please list any allergies or medical conditions we should be aware of"		
Emergency Authorizations		
In an emergency, I authorize that my child be taken to the nearest medical center for treatment.		
Parent/Guardian Signature	Date:	

Parent/Guardian Release Form For Photographs Films, Slides, Video And Audio Tape Recordings Of Clients Receiving Services From Rpta

You have my permission for film, video and audio tape recordings, slides and photographs to be made of my son/daughter in therapeutic activities, assessment and other Redwood Pediatric Therapy Associates, Inc. activities. I understand that the films, video and audio tape recordings, slides and photographs are being produced for educational purposes and may be used for the following; communication boards, classroom/clinic use, promotional materials and/or educational conferences.

_____ Yes, I do give consent _____ No, I do not give my consent

Parent/Guardian Signature: _____ Date: _____