

Summer Friends Adventure Camps – Registration Form (2011)

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	Mon. – Fri., 1:00-3:00, June 27 th – July 1 st	\$325	
Moving with Friends	Mon. – Fri., June 13 th – June 17 th Grades K – 2, 12:30-2:30 Grades 3 – 5, 3:00-5:00	\$325	
Performing with Friends	Mon. – Fri., 1:00 – 3:00, June 20 th – June 24 th	\$325	
Small World (Pre K)	Mon. – Fri., 10:00 – 12:00, June 6 th – June 10 th	\$325	
Adventures in Writing	Mon. – Fri., 9:00 am – 12:00 pm Session 1 – Ages 6 yrs – 8yrs July 11 th – July 15 th Session 2 – Ages 9 yrs – 12 yrs July 18 th – July 22 nd	\$395	
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: _____