



To submit your completed form:
Fax to (770) 578-0860
Email to rлаufer@kids-can.com
Hand to your therapist

SUMMER Intensive Therapy Programs 2016 Registration Form

Child's Name: _____ Birth Date: _____

Parents' Names: _____

Address: _____

Mother's Cell: _____ Father's Cell: _____

email: _____

Additional Emergency Contact:

Name: _____ Phone: _____

Session Registering For (Please choose 1):

- | | | |
|--|---|--|
| <input type="checkbox"/> Handwriting Program
June 1 - June 10, 2016
Cost: \$1,650
Deposit: \$650 | <input type="checkbox"/> SI Intensive Session 1
June 13 - July 1, 2016
Cost: \$2,950
Deposit: \$650 | <input type="checkbox"/> SI Intensive Session 2
July 11 - July 29, 2016
Cost: \$2,950
Deposit: \$650 |
|--|---|--|

Billing Policy:

I, _____, understand that my \$650 non-refundable deposit is due upon registration.

Choose 1:

- Handwriting Intensive:** I understand that 2 additional payments of \$500 each will be due on the following dates: 5/1/2016, 6/1/2016 and will be charged automatically to my credit card on file. No refunds or credits for missed days.
- SI Intensive:** I understand that 4 additional payments of \$575 each will be due on the following dates: 5/1/2016, 6/1/2016, 7/1/2016, and 8/1/2016 and will be charged automatically to my credit card on file. No refunds or credits for missed days.

Parent Signature: _____ Date: _____