

PEER PROJECTS THERAPY FROM THE HEART SUMMER PROGRAM APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	Entering Grade:	Phone:
Address:		
City:	State:	ZIP Code:

PARENT INFORMATION

Name(s):		
Address (if different from above):		
Phone #1:	Phone #2	E-mail:
City:	State:	ZIP Code:
Relationship to child:		

EMERGENCY CONTACT #1

Name:		
Address:		Phone #1:
City:	State:	Phone #2:
Relationship:		

EMERGENCY CONTACT #2

Name:		
Address:		Phone #1:
City:	State:	Phone #2:
Relationship:		

ALLERGIES/ORTHOPEDIC CONCERNS/MEDICATIONS

Type of Allergy:	
Orthopedic Concerns/Precautions:	How long?
Medications:	

SESSIONS (PLEASE CHECK ALL THAT YOUR CHILD WILL ATTEND):

<input type="checkbox"/> Session 1: July 9, 10, 11 (8:30 to 12:30) \$500.00
<input type="checkbox"/> Session 2: July 16, 17, 18 (8:30 to 12:30) \$500.00
<input type="checkbox"/> Session 3: July 23, 24, 25 (8:30 to 12:30) \$500.00

Full tuition Due by June 15, 2019

Please return this form with a non-refundable deposit of \$50.00 for each session requested.

SIGNATURE OF PARENT/GUARDIAN:

Signature of Parent or Guardian:	Date:
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***Peer Projects Therapy From the Heart reserves the right to choose and place campers based on the needs of the child. Space is limited, so please register early.**

****Cancellation/Withdrawal: All Staffing for the summer program will be based on enrollment. We respectfully request 3 weeks notice if you need to withdraw your child. Half tuition will be refunded given 3 weeks notice.**