



MIND CRAFTING SOCIAL SKILLS SUMMER CAMP 2016

Registration Form

Camper's Name: _____ Camper's Age: _____

Mother's Name: _____ Father's Name: _____

Email Address: _____

Contact Phone Numbers:

Home Number: (____) _____ Cell Phone Number: (____) _____

Who do we contact in case of emergency? _____

Emergency Contact number: (____) _____ Relationship to Camper: _____

Are there any allergies (food, environmental...) that we need to know about?

Are there any medications that your child is presently taking?

Please state the weeks your child will be attending Mind CRAFTING camp and the start date:

____ Week 1 (July 18, 2016)

____ Week 3 (August 1, 2016)

____ Week 2 (July 25, 2016)

____ Week 4 (August 8, 2016)

Please keep in mind, a 10% discount will be applied if you register your camper for all four weeks!

Please complete and return this by **April 30th, 2016** with \$100 check (deposit) to secure your child's place in the camp. Our camp is limited to 12 campers and spots will fill up fast. Please make the check to Therapy SPOT Inc. and mail it and the registration form to:

Therapy SPOT Inc.
7100 W. Camino Real Suite #201
Boca Raton, FL 33433

Additional Information Below



Additional Information:

Camp is \$495 per week. In the past, all of our campers have made progress by the completion of our summer camp program, but those that enroll for the majority of the camp weeks achieve the greatest success. Therefore, we ask that all campers register for 3 or 4 weeks of the program. Also, camp fees are based on weekly attendance, therefore missed days within a scheduled week will not be reimbursed. **The complete fee for all camp weeks is due in full by June 18, 2016.** Please remember to send your child with a backpack, snack, and a lunch with a drink for the days of camp. We do have a microwave and refrigerator if you would like to send food that needs to be refrigerated or heated. Our office is often chilly, so remember to send a sweater or sweatshirt in your child’s backpack. Camp begins at 9 am and ends promptly at 2:30 pm. Thank you and we look forward to having a great summer with your child!

Please Contact Lensa or Monica at (561) 859-2100 or email us at TherapySPOTinc@aol.com to register for camp or to ask any additional questions you may have.

We look forward in hearing from you!

Name (Printed): _____

Signature: _____ Date: _____

