



Summer Group Registration

Myania Moses & Associates

Pediatric Occupational Therapy

Summer Camp Registration - Camp Wee Wanna

Monday-Thursday 9:30 AM-12:30 PM

Session I June 22-25, 2009

Session II June 29-July 2, 2009

Lyon Park Community Center

414 N. Fillmore Street, Arlington, VA 22201

Cost: \$800.00/week Current clients or clients signing up for 2 weeks will receive a \$25.00 discount for each week, the second sibling from the same family will get a \$30 discount for each week. Multiple discounts may not be taken.

Registration and payment due May 31, 2009

Registration Information:

Name of child: _____ Date of Birth: _____

Name of parents: _____

Address: _____

Phone: _____ Emergency Contact & Ph: _____

E-Mail Address: _____

Name of caretaker/nanny: _____ Phone: _____

Allergies and Other Precautions:

What would you most like your child to get from our camp?

Please describe your child's sensory motor skills, social/emotional skills, fine and gross motor skills and self-help skills:

Is there anything else we should know about your child?

Please print this form and mail to address on next page with payment



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Consent and Agreement:

I, _____, would like to enroll my child, _____
In Camp WeeWanna. I give permission for Myania Moses & Associates to provide treatment and services at the camp. I understand that photographs/videos will be taken at the camp for the sole purpose of sharing information about the summer camp with parents and professionals and for staff training purposes. I understand that the remainder of the tuition is due by May 31st. The cost of the camp is \$800 per child, per session.

Payment Information:

Payment Options:

_____ Pay in full, a check is enclosed for _____

_____ Pay for half now to reserve a spot, the other half due May 31 _____

_____ Please bill my credit card for the total amount of _____

_____ Please bill my credit card for half the amount of _____

And bill the other half on May 31

Name on credit card : _____

Expiration date: _____

Credit Card Number: _____

Please return this form with payment to:

Myania Moses & Associates

450 W. Broad Street, Suite 215

Falls Church, VA 22046