



Registration Form

Myania Moses & Associates

Pediatric Occupational Therapy

Sensational Art Program Registration A Sensory-Art Experience

Mondays 10:00 - 11:00 am

October 19 - December 7, 2009

450 W. Broad Street, Suite #215, Falls Church, VA 22046

Cost: \$720.00 for 8 sessions.

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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Pediatric Occupational Therapy

Consent and Agreement:

I, _____, would like to enroll my child, _____
In Sensational Art. 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 September 30, 2009. The cost of the camp is \$720 per child.

Payment Information:

Payment Options:

_____ Pay in full, a check is enclosed for _____

_____ Pay for half now to reserve a spot, the other half due September 30 _____

_____ 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 September 30

Name on credit card : _____

Expiration date: _____

Credit Card Number: _____

Please return this form with payment to:

Myania Moses & Associates

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Falls Church, VA 22046