

Registration Form for Camp WeeWanna

Camp is held at:

Lyon Park Community Center
414 N Filmore Street
Arlington, VA 22201

We have rented the clubhouse during camp hours and will have access to the green park, playground and surrounding area

Child's Name _____

Parents Name _____

Address _____

City _____ VA _____ Zip Code _____

Email: _____

Home # _____ Cell # _____

Childs DOB: _____

Allergies or other precautions: _____

Name of the Person picking up and dropping off your child if different from parent/guardian

Telephone _____

What would you like your child to get from camp? _____

Please describe your child's strengths/weaknesses? _____

Is there anything else that we should know about your child? _____

My Child will be attending the following weeks of Camp WeeWanna

Week I ___ \$900.00/ 4 days

Week II ___ \$900.00/ 4 days

Week III ___ \$900.00/ 4 days

Week IV ___ \$900.00/ 4 days

All 4 weeks _____ \$3240.00 (\$10% discount)

Please note 50% (first payment) of Camp WeeWanna payment is due with registration, preferably on or before March 30. Registration is on a first come/first served basis with preference being given to current clients and those registering for the whole 4 weeks.

If your child is not a Myania Moses & Associates client you will be required to set up a consultation with one of our Occupational Therapist before acceptance to Camp WeeWanna. Please contact our office at 703-533-8870 X3 to set up an appointment.

Consent and Agreement:

I, _____ am enrolling my child, _____ In Camp WeeWanna. I give permission for Myania Moses and Associates to provide treatment and services at the camp. I understand that photographs and videos will be taken for the sole purpose of sharing information about the WeeWanna summer camp with other parents and professionals.

I understand that due to the many differences and dietary needs of the campers Myania Moses and Associates in not able to provide snacks and lunch for children on restricted diets. For those on unrestricted diets a small mid-morning snack will be provided. All campers must bring their own lunch. **Initial** _____

I understand that half of the payment is due with registration, by March 30th and the other half is due by May 2nd.

Signature _____

Form of payment:

Check enclosed____ Please make check out to Myania Moses and Associates.

Credit Card - MasterCard ___ or Visa only ___ Credit Card on File _____

Credit Card # _____

Expirations Date _____

Name on the Card _____

Signature _____

MYANIA MOSES & ASSOCIATES EMERGENCY CARE

I _____
Parent/Guardian of _____

Son/daughter
Born on _____, do hereby give my consent to
Myania Moses and Associates

To secure such emergency medical treatment as the above name might require while
under the supervision said care provider.

The staff of Myania Moses and Associates agrees to notify the Parent/Guardian whenever
this child becomes ill, and the Parent/Guardian agrees to make arrangements to use
his/her family physician and if unavailable to contact said physicians to make
arrangements to use facilities as necessary to meet the emergency. The Parent/Guardian
agrees to indemnify and hold harmless Myania Moses and Associates against my claim,
demand, debt, obligations, liability, cost, expense, right of action or cause of action based
on arising out of such emergency. In the event the Parent/Guardian is not on the
premises/reachable Myania Moses and Associates has my permission to implement
emergency action/care.

Parent/Guardian _____ Date _____
Child/Children _____
Physician _____ Telephone# _____
Preferred Hospital _____

Insurance Information

Name of Subscriber _____
Insurance Company _____
Group # _____
ID# _____
Social Security # _____

Emergency Contact Information

Home _____ m/cell _____
Dad/work _____ d/cell _____
Emergency contact person _____
Emergency Contact Person's Telephone # _____
Relationship _____