



Summer Group Registration

Myania Moses & Associates

Pediatric Occupational Therapy

Check the Group(s) for which you are registering

How Does Your Engine Run? The Alert Program for Self-Regulation

The Alert Program promotes self awareness of how we regulate our arousal states and encourages the use of sensorimotor strategies to manage levels of alertness to improve attention and coping strategies during daily activities. This group is appropriate for 7-10 year olds.

August 16-19, 2010
Monday-Thursday, 5:00-5:45 p.m.

Blast-Off to Printing

This group is designed for children who have some experience with printing but continue to need individual attention, instruction and review of printed manuscript in a small group setting. Emphasis will be on improved in-hand manipulation, strength and control as it relates to early writing skills. Activities will be developmentally appropriate for children who have completed kindergarten or first grade.

August 23-26, 2010
Monday-Thursday, 5:00-5:45 p.m.

Cruising to Cursive

This group is designed for children beginning to learn cursive with an emphasis of use of kinesthetic awareness, finger dexterity, joint stability, as well as, proper pencil grasp, correct letter formation, and accurate sizing and spacing.

August 30-September 2, 2010
Monday-Thursday, 5:00-5:45 p.m.

Cost is \$360/4 sessions. These groups will be run by Stacey Weinstein MS, OTR/L and/or Melissa Twardzik, OTR/L and a student intern. The size of the group is limited to 2-6 children. Pre-registration and prepayment is required. Enrollment will be on a first come first served basis with consideration given to clients seen in this practice.

Registration and payment due May 31, 2010

Registration Information:

Name of child: _____ Date of Birth: _____

Name of parents: _____

Address: _____

Phone: _____ Emergency Contact & Ph: _____

Allergies and Other Precautions:

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

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



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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?

Consent and Agreement:

I, _____, would like to enroll my child, _____

In Myania Moses & Associates Summer Group(s). I give permission for Myania Moses & Associates to provide treatment and services. I understand that the cost of the group is due by May 31st. The cost of the camp is \$360 per child, per group.

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

For your registration to be complete please download and complete the [Emergency Care Form](#) and send in with your registration and payment.