

# Summer Social Skills Group



*Myania Moses & Associates*  
Pediatric Occupational Therapy



Building  
Blocks  
Therapy, LLC

## Social Skills Summer Group

Afternoon social skills groups run by an Occupational Therapist and Speech Language Pathologist in our Falls Church office. Presented by Building Blocks Therapy and Myania Moses & Associates.

**4-6 year olds**  
**Maximum enrollment per group: 5**  
**Groups will run 5 weeks:**  
**July 6 - August 3, 2010**  
**Tuesday Afternoons from 2:00 - 3:30 pm**

Cost is \$140 per week. 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 June 21, 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 describe your child's sensory motor skills, social/emotional skills, fine and gross motor skills and self-help skills:

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

# Summer Group Registration



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Is there anything else we should know about your child?

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## Consent and Agreement:

I, \_\_\_\_\_, would like to enroll my child, \_\_\_\_\_

In Myania Moses & Associates/building Blocks Therapy Social Skills Summer Group. I give permission for Myania Moses & Associates and Building Blocks Therapy to provide treatment and services. I understand that the cost of the group is due by June 21st. The cost of the camp is \$140 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 June 21 \_\_\_\_\_

\_\_\_\_\_ 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 June 21

Name on credit card : \_\_\_\_\_

Expiration date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Please return this form with payment to:  
Myania Moses & Associates/Building Blocks Therapy  
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.