

CCC (Cool, Confident and Courageous) Kids Camp

Registration for Summer 2019: August 19-23, 2019, 9am-2pm

Helper Registration Form

Child's Name: _____

Grade as of Fall 2019 _____ School _____ Date of Birth _____

- _____ initials

 - I/we understand that the cost of camp for Helpers is \$2,000. To reserve a place for my child, a registration fee of \$1,000 is required. The balance of \$1,000 is due one month prior to camp (July 19, 2019). **For those who register early (on or before April 1, 2019), the cost of camp is discounted and the total fee is \$1800.** The registration fee is \$900 and the balance of \$900 is due one month prior to camp for those who register early (July 19, 2019).
- _____ initials

 - I/we understand that fees are not refundable for absences from camp for any reason.
- _____ initials

 - I/we understand that an intake is required for those that are not current patients (cost: \$300.00). I/we understand that my child must meet the following requirement prior to the start of camp: child talks to at least one therapist in the SM Camp program before camp begins. We agree to complete as many individual therapy sessions as needed to meet this requirement prior to the start of camp. I/we understand that the cost of additional individual therapy sessions is \$210.00 per 45 minute session.
- _____ initials

 - I/we understand that as part of our standard protocol, we typically facilitate the transfer of speech to the child's new teacher prior to the start of the school year. We encourage you to participate in at least two therapy sessions held at your child's school with the classroom teacher (cost: \$210.00 plus travel time).
- _____ initials

 - Cancellation Policy: I/we understand that if our child cannot attend the program, we must notify Dr. O'Brien or Dr. Raggi no later than June 15, 2019 in order to receive a refund, excluding a \$300 non-refundable administrative fee. Cancellations following June 15, 2019 will not be eligible for any refund.

My/our signature(s) below confirms that I/we understand the policies associated with the Alvord, Baker & Associates, LLC as indicated above and in the Client Services Agreement. I/we also agree that the following information is provided in order to contact me/us concerning our child's participation in group.

Signature

Date

Signature

Date

Parent Name (1): _____

Address: _____

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City _____ State _____ Zip Code: _____

Phone: (W) _____ (H) _____ (C) _____

Email: _____

Parent Name (2): _____

Address: _____

City _____ State _____ Zip Code: _____

Phone: (W) _____ (H) _____ (C) _____

Email: _____

Office Use Only:			
		Check #	Amount
TH			
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