

# CCC (Cool, Confident and Courageous) Kids Camp

Registration for Summer 2019: August 12-16, 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			
XL			
CONF			