

Pacific Northwest Pediatric Therapy

The Office of Rebecca Peterson, OTR/L & Rosemary White, OTR

Phone: (503) 232-3955 E-mail: pnpt1@comcast.net

Website: www.pedptot.com

DIR®/Floortime Summer Camps

Registration Form

Child's Name: _____ Age: _____ DOB: _____

Diagnosis: _____

Parent Name(s): _____

Child's Therapist: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

email: _____

Goals for my child for this Summer Camp:

Method of Payment:

Check enclosed (payable to Pacific Northwest Pediatric Therapy)

Credit Card Visa _____ MasterCard _____ Card #: _____

Name on Card: _____ Exp. Date: _____

Authorizing Signature: _____

Credit Card Billing Address: _____

Fees: The fee is \$1000 for the six-week camp. A non-refundable deposit of \$500 is due prior to the start of camp. The remaining \$500 is due by August 25, 2011.

Please Mail Registration Form to:

Pacific Northwest Pediatric Therapy
4305 SE Milwaukie Avenue
Portland, OR 97202

Space is limited, so please let us know as soon as possible if you are interested in this program for your child.

Please complete & return the registration form to Pacific Northwest Pediatric Therapy.

If you have any questions, please e-mail: pnpt1@comcast.net or call (503) 232-3955.

Office Use Only: Check #: _____ Credit Card Used: _____ Amount: \$ _____