

Pacific Northwest Pediatric Therapy

Portland, OR

The Offices of Rosemary White, OTR/L and Associates

Phone: (503) 232-3955

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DIR®/Floortime Summer Camp Registration Form

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

Diagnosis: _____

Parent Name(s): _____

Home Address: _____

City: _____ State: _____ ZIP: _____

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

****Please note that e-mail is our primary source of communication regarding camp****

E-mail (please print clearly) _____

Services currently being received: (circle current services) OT – PT – SLP – Psychology

Where are current services provided? _____

Child's Therapist: _____

Goals for my child for this Summer Camp: _____

Floortime Summer Camp — Please check choice:

First Camp – June 30, 2009 to August 6, 2009 (Tuesday and Thursday 9:00 AM to 10:30 AM)

Second Camp – June 30, 2009 to August 6, 2009 (Tuesday and Thursday 11:00 AM to 12:30 PM)

We will do our best to schedule your child in the camp that you select, however we strive to match children to support their social interaction and hence we may recommend a different time for your child to meet his or her needs.

Please indicate if there is flexibility for your child to participate in either session:

Yes	No
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Method of Payment:

Check enclosed (payable to Pediatric PT & OT Services)

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 6, 2009.

Please Mail or Fax Registration Form to:

Pacific Northwest Pediatric Therapy

4305 SE Milwaukie Avenue

Portland, Or 97202

*Space is limited, so please complete the registration form as soon as possible.
Registration is not guaranteed until the form is submitted to the office.*

Please complete and return the registration form to Pacific Northwest Pediatric Therapy. If you have any questions, please contact us by e-mail at pnpt1@comcast.net. If unable to e-mail please call (503) 232-3955.

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