



## Elementary Ages 2019 Summer Registration Form

Please fill out the Registration Form and Parental Consent Form and return as soon as possible to: **Amazing Transformations, LLC, Attn: Christy Miller, 500 South Burnt Mill Road, Voorhees, NJ 08043** or **Fax to: (888) 859-7749**

Child's Name \_\_\_\_\_ Nickname: \_\_\_\_\_ Age: \_\_\_\_ DOB: \_\_/\_\_/\_\_

Diagnosis (if applicable): \_\_\_\_\_ 1:1 Assistant Required?  Yes  No Reason: \_\_\_\_\_  
(Additional fee may apply)

Allergies: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s)/ Guardian \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### TUITION:

- I would like my child's tuition to be funded through health insurance. Name of Insurance: \_\_\_\_\_
- Private Pay Reduced Fee Option – Call for Price (Tuition must be paid prior to the start of services)

### PLEASE CHECK ( ✓ ) SESSIONS ATTENDING: AM or PM or FULL DAY

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Week 1: July 8 <sup>th</sup> – 12 <sup>th</sup>        | <input type="checkbox"/> 9:30am – 12:30pm | <input type="checkbox"/> 1:00pm – 4:00pm | <input type="checkbox"/> 9:30am – 4:00pm |
| <input type="checkbox"/> Week 2: July 15 <sup>th</sup> – 19 <sup>th</sup>       | <input type="checkbox"/> 9:30am – 12:30pm | <input type="checkbox"/> 1:00pm – 4:00pm | <input type="checkbox"/> 9:30am – 4:00pm |
| <input type="checkbox"/> Week 3: July 22 <sup>nd</sup> – 26 <sup>th</sup>       | <input type="checkbox"/> 9:30am – 12:30pm | <input type="checkbox"/> 1:00pm – 4:00pm | <input type="checkbox"/> 9:30am – 4:00pm |
| <input type="checkbox"/> Week 4: July 29 <sup>th</sup> – August 2 <sup>nd</sup> | <input type="checkbox"/> 9:30am – 12:30pm | <input type="checkbox"/> 1:00pm – 4:00pm | <input type="checkbox"/> 9:30am – 4:00pm |
| <input type="checkbox"/> Week 5: August 5 <sup>th</sup> – 9 <sup>th</sup>       | <input type="checkbox"/> 9:30am – 12:30pm | <input type="checkbox"/> 1:00pm – 4:00pm | <input type="checkbox"/> 9:30am – 4:00pm |
| <input type="checkbox"/> Week 6: August 12 <sup>th</sup> - 16 <sup>th</sup>     | <input type="checkbox"/> 9:30am – 12:30pm | <input type="checkbox"/> 1:00pm – 4:00pm | <input type="checkbox"/> 9:30am – 4:00pm |
| <input type="checkbox"/> Week 7: August 19 <sup>th</sup> – 23 <sup>rd</sup>     | <input type="checkbox"/> 9:30am – 12:30pm | <input type="checkbox"/> 1:00pm – 4:00pm | <input type="checkbox"/> 9:30am – 4:00pm |
| <input type="checkbox"/> Week 8: August 26 <sup>th</sup> -30 <sup>th</sup>      | <input type="checkbox"/> 9:30am – 12:30pm | <input type="checkbox"/> 1:00pm – 4:00pm | <input type="checkbox"/> 9:30am – 4:00pm |

- I would like Before Care 7:30 – 9:30
- I would like After Care 4:00 – 6:00pm (I understand I must pay 1-week in advance)

Check off Days per week:

- Mondays
- Tuesdays
- Wednesdays
- Thursdays
- Fridays

Additional Person(s) Authorized to Transport my Child To / From Program:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Important Notes:

- Please pack a snack and/or lunch for your child each day and dress your child in comfortable clothing and shoes.
- Signature on this registration form also grants permission for named child to visit the local playground.
- Timely pick up at the end of class each day is extremely important. A fee of \$10 per every 15 minutes late will be assessed and this fee will not be covered by health insurance.
- Reimbursement is not available for absences for any reason\*. Up to two (2) absences may be prorated if Amazing Transformations is notified in writing prior to starting the Summer Program. \*Does not apply to those with health insurance funding

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(We accept Cash, Check, Visa, Mastercard, and Discover. Please make checks payable to Amazing Transformations)

#### Credit Card Payments

Type of Card:  Visa  Mastercard  Discover  
Payment Amount: \$ \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_ 3-Digit Security Code (Back of Card): \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_

#### For Internal Use Only:

Received On: \_\_/\_\_/\_\_ Processed By: \_\_\_\_\_  
All Forms:  Yes  No \_\_\_\_\_  
Deposit Received:  Yes  No  
 Check  Cash  Credit  School  Insurance  
Confirmation:  Yes  No  
Method:  Email  Mail  Phone