



Little Chats Verbal Behavior Program 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:

- | | | |
|---|---|--|
| <input type="checkbox"/> Week 1: July 8 th – 12 th | <input type="checkbox"/> 9:00am – 12:00pm | <input type="checkbox"/> 9:00am – 3:00pm |
| <input type="checkbox"/> Week 2: July 13 th – 19 th | <input type="checkbox"/> 9:00am – 12:00pm | <input type="checkbox"/> 9:00am – 3:00pm |
| <input type="checkbox"/> Week 3: July 22 nd – 26 th | <input type="checkbox"/> 9:00am – 12:00pm | <input type="checkbox"/> 9:00am – 3:00pm |
| <input type="checkbox"/> Week 4: July 29 th – August 2 nd | <input type="checkbox"/> 9:00am – 12:00pm | <input type="checkbox"/> 9:00am – 3:00pm |
| <input type="checkbox"/> Week 5: August 5 th – 9 th | <input type="checkbox"/> 9:00am – 12:00pm | <input type="checkbox"/> 9:00am – 3:00pm |
| <input type="checkbox"/> Week 6: August 12 th - 16 th | <input type="checkbox"/> 9:00am – 12:00pm | <input type="checkbox"/> 9:00am – 3:00pm |
| <input type="checkbox"/> Week 7: August 19 th – 23 rd | <input type="checkbox"/> 9:00am – 12:00pm | <input type="checkbox"/> 9:00am – 3:00pm |
| <input type="checkbox"/> Week 8: August 26 th -30 th | <input type="checkbox"/> 9:00am – 12:00pm | <input type="checkbox"/> 9:00am – 3:00pm |

- I would like Before Care 7:30 – 9:30
- I would like After Care 3:00 – 6:00pm (I understand I must pay 1-week in advance)

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 Little Chats 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