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Summer Camp Application for Enrollment

Child's name: _____ DOB: _____ Age: _____

Please check here if Special Needs Camper: _____

Therapies currently receiving (please indicate # of times/ week): _____ PT _____ OT _____ Speech

Parent Name: _____

Address: _____ (city, state) _____ (zip code) _____

Phone Number: (cell) _____ (home) _____

Allergies: _____ Medications: _____ N/A _____

Emergency Contact(s)/ Approved for pickup (MUST PROVIDE DRIVER'S LICENSE AND SIGNATURE):

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Method of Payment: _____ Self-Pay via: cash: _____ check: _____ credit card: _____ (please check)
_____ Gardiner Scholarship Gardiner ID#: _____

Summer Program Dates: Weeks of July 11- August 18 (6 weeks of fun!!!)

Camp Days/ Hours: Tuesday, Wednesday, and Thursday from 9am-3pm (EXTENDED DAYS OF EXTRA FUN!!)

Cost per week: \$250/ week= \$1500 for 6 week enrollment

\$100 EARLY REGISTRATION DISCOUNT > FOR ENROLLMENT PAID IN FULL PRIOR TO FEBRUARY 24!!!!

Non- refundable application fee of \$50 paid via cash, check or credit card

I _____, parent of _____ (child's name) agree to enrollment of my child in TherHappy's 6 week Summer Camp Program. I understand that enrollment is for the 6 week duration of Summer Camp, and accept financial responsibility for payment of each week of Summer Camp, and that I may set up a payment plan to complete payment in full on or before July 27, 2023 if payment is not paid in full prior to the start date of Summer Camp.

Parent Signature: _____ Date: _____

TherHappy Signature: _____ Date: _____

PLEASE COMPLETE & RETURN SUMMER CAMP APPLICATION TO:

therhappysummerncamp@gmail.com

11820 Denton Avenue, Hudson, Florida 34669 ♦ Ph. (727) 862-9101 Fax. (888) 345-5315