



Sensory Solutions Summer Camp 2024

July 22-26, 2024

Child's Name _____ Birth Date _____ Age _____

Parents' Names _____

Address _____

Contact info. (cell) _____

(e-mail) _____

Emergency Contact information

Name / Relationship _____ Phone # _____

Please list allergies, food allergies, medical conditions, or special considerations.

Please Select One

_____ **Mighty Minds – A Kinder Way to Grow: 4-5 year-olds, 9:30-1:30, \$1800 (\$90 per hour)**

_____ **Let's Play – Together We Thrive: 5-8 year-olds, 10:00-2:00, \$1500 (\$75 per hour)**

_____ **Constructing Our Way to Self-Reg.: 8-11 year-olds, 10:00-2:00, \$1500 (\$75 per hour)**

50% of full payment is due at the time of registration.

The remainder of the payment in full, a screening (if applicable), and all intake paperwork is due June 1, 2024 or your child's spot may be forfeited.

Cancellations made between June 1 and June 15, 2024 will be refunded at 75%.

Cancellations between June 16 and July 3 will be refunded 50%.

Cancellations between July 4 and July 22 are non-refundable.

*Preparation for these groups requires months of planning and much of the planning is tailored to the needs of the children enrolled in the program. Changes made to the roster after June 1st is difficult and costly to our team members.

In the event of the need for emergency medical attention, I give consent for 911 personnel to provide essential care.

COVID-19 Disclosure: I am aware of Sensory Solutions' policies regarding COVID-19. SS is following the mandates put forth by the county of Santa Clara. If circumstances arise in which we need to discontinue the group due to county health requirements, the group will resume as soon as possible and a credit will remain with Sensory Solutions until we are able to render services. I am aware I will not be credited for missed session due to illness, travel, or other personal conflicts. We are unable to provide refunds.

_____ (initial) By registering my child, I give permission for my child to receive occupational therapy treatment from Sensory Solutions, LLC. I am aware that the group sessions may be held offsite.

_____ (initial) I give permission for photographs to be taken of my child for the therapeutic purposes.

_____ (initial) Snacks will be provided by Sensory Solutions, however lunch must be provided by families.

*Both parent signatures required.

Parent's Signature _____ Date: _____

Parent's Signature _____ Date: _____