



Kids Write Camp

Kidswork Therapy
Center

Lewisburg PA
570-524-6060

Registration Form

Child's First and Last Name Date of Birth Age Grade in Fall of 2017

Parent/Guardian Name email address

Home phone number cell phone number

Home address City State Zip

Does your child have any allergies that we need to be aware of?

Does your child have any precautions/physical limitations that we need to be aware of?

If your child is pre-school age do they currently attend a preschool program. If yes, where?

Release to photograph, film or record vocally for publicity purposes.

I hereby grant to Kidswork Therapy Center the right and authority to photograph, film and/or record vocally:

Child's First and Last Name Date of Birth

These records may be used for promotional or publicity purposes and may be published in mass media publications, on the Kidswork Therapy Center's facebook page or website or shown on television or movie presentations. The patient's and family's name may be used. This release is effective until revoked in writing by the undersigned. Such revocation shall only be effective to prevent any expanded future use of the records.

Signature (parent or legal guardian)

Phone Number

Date

Areas of concern with your child's handwriting. *This is for children going into grade 1 and higher. Preschool aged children do not need to complete this section.* (check all that apply)

- Letter formations: lower case upper case both
Cursive letter formations: lower case upper case both
Overall writing: Doesn't stay on the line writes in all capital letters
 cannot write name has a hard time copying from the board writes slowly
 doesn't put space between words doesn't size letters correctly
 unable to write name in cursive (only for students going into grades 4 and above)
 fatigues easily changes hands when writing changes grasp when writing
Pencil pressure: too much too little
Pencil grip: concerned not concerned
-

Please provide any other helpful information regarding your child's handwriting and/or school readiness skills and/or fine motor skills:

Samples of handwriting would be welcome to bring along to the first week for the therapists to better understand the need area.

Office use:

Child's Name: _____ Class: _____

Registration received on: _____ With deposit of \$25.00

Preschool session \$200 due

School-Age session \$175 due

Materials ordered

Early Bird Registration: \$ 15 dollar discount applied if paid in full by June 15th

Final amount due: _____