

### <u>Summer Handwriting Camp</u> Registration Form -2024

#### Email Completed forms: Heather@AchievePediatricTherapy.com

Child's Name:			Birthdate:	
First	Middle	Last		
Phone:			Age:	
Address:			City/State:	
E-Mail Address:			Zip Code:	
School:			Grade Entering:	
Pediatrician:			Phone:	
Parents/Guardian (Mr	Dr Mrs M	s., Miss)		

**<u>Camp Registration</u>**: (select one)

- Early Elementary (entering grades 1-2): Week of July 15-19 Monday-Friday from 9:00-11:30 am
- Late Elementary (entering grades 3-5): Week of July 22-26 Monday- Friday from 9:00-11:30 am

How did you hear about our Handwriting Camp?

[] Google [] Social Media [] Website [] Word of mouth [] Other:

Please explain your primary concerns regarding your child's fine motor skills & handwriting:



How do these difficulties impac	ct play, school or learning?
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What strategies have you tried to help alleviate these concerns?

What would you like for your child to achieve during Handwriting camp?

Please mark the skills your child is currently able to perform independently (without assistance or cues):

- [] Able to name and identify simple shapes- circle, square, triangle, cross, etc.
- [] Able to hold a crayon or pencil with their fingers If not, how does your child hold their crayon/pencil?
- [] Able to color a simple picture inside the lines
- [] Able to cut on a line with scissors
- [] Able to draw simple shapes- circle, square triangle, cross If not able to copy all shapes, which shapes can your child produce?
- [] Able to name and identify all letters of the alphabet
- [] Able to name and identify the letters of their name
- [] Able to write first name
- [] Able to write last name
- [] Able to copy uppercase alphabet
- [] Able to copy lowercase alphabet
- [] Able to write single words
  - Example of words my child can write?\_\_\_\_\_
- [] Able to write sentences
- [] Able to write paragraphs
- [] In my child's classroom, he/she primarily uses [] manuscript [] cursive for written work

Allergies:

Current Medications:

Please note any special considerations, activity restrictions, or other health concerns you would like us to be aware of:



Occupational Therapy • Independence • Physical Therapy • Mobility • Behavior Therapy • Life Skills • Music Therapy • Play

#### **Payment Authorization Form**

Client Name:	Parents:
Client DOB:	Address:
Phone:	

Cardholder authorizes payment of services to Achieve Pediatric Therapy and agrees to comply with the obligations set forth in the Cardholder agreement with the issuer. Cardholder authorizes payments to be charged to the card indicated below:

[] Handwriting Camp Registration Fee in the amount of \$50.00- must be paid to hold spot in desired class

[] Balance of Handwriting Camp Fee in the amount of \$200.00- to paid on the first day of Camp - July 15 (Early Elementary) OR July 22 (Late Elementary)

[] Full Registration & Handwriting Camp Fee - in the amount of \$250.00

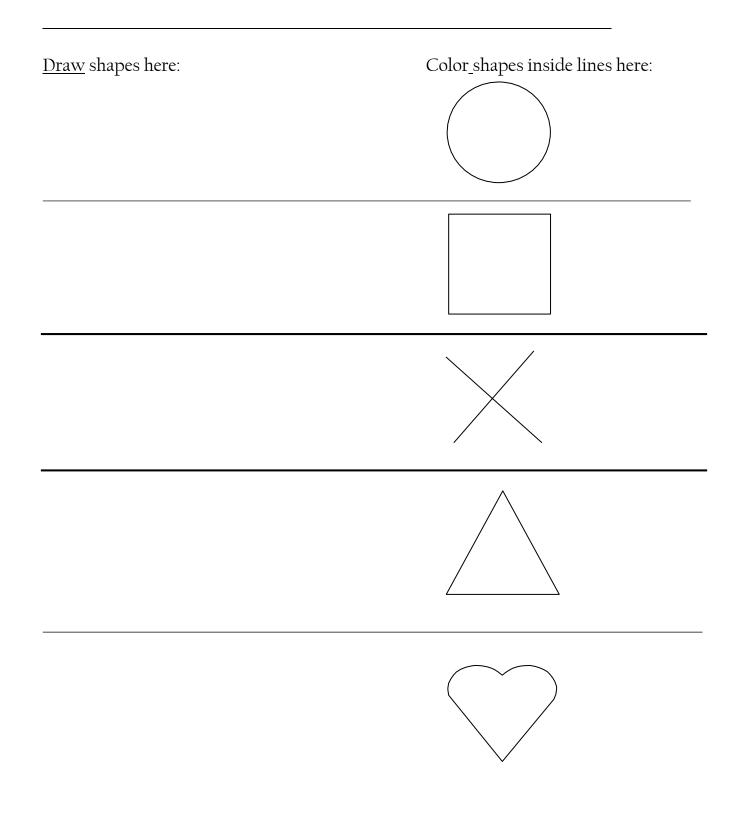
Credit Card Type:	[] Visa	[] MasterCard	[] Discover
Credit Card Number	:		
Expiration Date:		Security Code:	Zip Code:
Cardholder Name:			Payment Amount:
Cardholder Signature:			Date:



## Handwriting Sample

(Instructions: After providing verbal instruction, please have your child complete each item independently)

Write your first and last Name: (print or cursive)





<u>Write</u> your Numbers 1 - 10 on the line below:

<u>Copy</u> the Letters: (print or cursive)					
A	a				
R	r				
H	h				
M	m				
D	d	-			
K	k	-			
E	e				
G	g	-			
Q	q	-			



Draw a picture of a person:

# Copy the words: $(1^{st} - 5^{th} Elementary students only)$ the\_\_\_\_\_\_ lazy\_\_\_\_\_ quick\_\_\_\_\_ dog\_\_\_\_\_ fox\_\_\_\_\_ write\_\_\_\_\_ jumps\_\_\_\_\_ play\_\_\_\_\_ brown\_\_\_\_\_ friend\_\_\_\_\_ over\_\_\_\_\_ park\_\_\_\_\_

Copy the sentence below: (3rd-5th Elementary students only)

# The quick brown fox jumps over the lazy dog.