

*Achieve Pediatric Therapy*

*Holiday Break-Sensorimotor Handwriting Camp*

*Registration Form 2011*

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
                            First                    Middle                    Last

Address: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ School: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents/Guardian (Mr., Dr., Mrs., Ms., Miss) \_\_\_\_\_

Location

Waterford Lakes Office

1525 S. Alafaya Trail, Suite 102

Orlando, FL 32828

Ph: 407-277-5400

Handwriting Camp Classes (Select One):

Week of December 19-23, 2011: (Monday-Friday)

Pre-K and Early Elementary (Pre-K, Kindergarten - 2<sup>nd</sup> grade): 9:00-10:30am

Late Elementary (grades 3-4): 11:00am-12:30pm

**\*\* Please note: Based on your child's skill level and sensorimotor/handwriting needs, we may recommend placement in either the earlier or later class.**

Please explain your primary concerns regarding your child's handwriting (concerns, difficulties, questions): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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How have these difficulties improved or deteriorated? \_\_\_\_\_

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Does anything seem to help alleviate the problems or concerns your child experiences? \_\_\_\_\_

What is your primary goal in having your child participate in this camp? \_\_\_\_\_

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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 copy 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 copy uppercase alphabet

able to copy lowercase alphabet

able to complete upper and lowercase alphabet

If not able to copy complete alphabet, which letters can your child produce? \_\_\_\_\_

able to write first name

If unable to write full name, which letters can your child produce? \_\_\_\_\_

able to write 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  curvise for written work

Please note any special considerations or Health Concerns you would like us to be aware of: \_\_\_\_\_

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**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- to be paid on or before December 9, 2011

Balance of Handwriting Camp Registration Fee in the amount of \$125.00- to paid on the first day of Camp- December 21, 2011

Full Handwriting Camp Fee including Registration Fee- in the amount of \$175.00- to be paid on or before December 9, 2011

Credit Card Type:     Visa                       MasterCard

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_                      Security Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_                      Payment Amount: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_                      Date: \_\_\_\_\_