

Summer Institute 2009

June 22nd - July 30th

9:00am-12:00pm



The summer institute is almost here! We would like to share a little information before we begin.

Facilitating the summer program:

Carrie Zinser, MSW
Heather Herrick, MS, OTR
Laura Carrick, MA

A brief parent meeting will be held at the end of every session to inform you of the topics, activities and to answer any questions you may have.

Please take a minute to look at the days below that your child will be attending group:

Monday	14-17 year olds
Tuesday	11-13 year olds
Wednesday	7-10 year olds
Thursday	4-6 year olds

Important information:

- ◆ Snacks may be provided throughout the program. Please include any food allergies on the form below.
- ◆ Certain activities may be held outdoors. Please initial on the form below if you give consent for your child to attend outdoor activities.
- ◆ Please give your child's medications prior to attending group; instructors will not be administering medications during the sessions.

*Please feel free to include any additional information regarding your child on the back of the form below before returning.

-----detach and return bottom portion-----

Participant's name: _____ DOB: _____

I would like to sign my child up for the following:

____ 5 (3 hour) sessions \$550.00

____ 6 (3 hour) sessions \$630.00

Allergies: _____

I allow my child to attend scheduled outdoor activities: (please initial) _____

Please feel free make your payment on the first day or for your convenience include payment with the return of this confirmation. If you would like to set up a payment plan please contact our office and we will be happy to assist.

BRAINS accepts personal checks, cash, or Credit Card Payment:

Cash amount included: _____

Check amount included: _____ (*Please make check payable to BRAINS)

___ Visa ___ Mastercard ___ American Express

Name on card: _____

Card Number: _____

Expiration Date: _____

CVV Code: _____ (*please contact our office if you are not familiar with this)

Amount: _____