



**SOUTHWESTERN MUSIC THERAPY AND
DYNAMIC THERAPY PROUDLY PRESENT:**

TRAVEL AROUND THE WORLD!

**SUMMER 2010 MUSIC, MOVEMENT AND
SENSORY CAMP**

**MUSIC, MOVEMENT AND SENSORY CAMP WILL BE HELD
JULY 13TH-AUGUST 19TH.**

CAMP WILL MEET EVERY T/W/TH FROM 9:45-11:30AM.

THE GROUPS WILL BE CHILDREN AGES 7-14 YEARS OLD

**CAMP IS OPEN TO CHILDREN WITH OR WITHOUT SPECIAL NEEDS
THE PROGRAMS ARE RUN BY BOARD-CERTIFIED MUSIC AND
OCCUPATIONAL THERAPISTS**

**LOCATION OF THE CAMP:
2517 HADDOCK DR., PLANO, TX, 75025**

TO REGISTER

PLEASE CONTACT:

MARCIE FRIEDMAN: 214-227-1006,

MARCIE@SWMUSICTHERAPY.COM

OR

REBECCA SHMUKLER: 214-566-2687,

REBECCA@DYNAMICTHERAPY.NET



SUMMER 2010 MUSIC, MOVEMENT AND SENSORY CAMP

REGISTRATION FORM

*Camp sessions will be held T/W/TH from
July 13-August 19th from 9:45-11:30am

Cost: \$60.00 /per session, 18 sessions total

Initial security deposit of \$120.00 will be collected upon completion of this form to reserve your child's slot in the camp.

Final payment of \$1080.00 less the initial deposit of \$120.00 is due the first day of camp.

Checks or credit card payment accepted.
Please make checks payable to: Southwestern Music Therapy, L.L.C.
3941 Legacy Drive, Suite 204-B202, Plano, TX, 75023

Deadline for registration form:
June 14th, 2010.



Policies/Procedures:

In order to offer this camp, we must maintain a minimum of 4 children enrolled.

*Refunds of the initial deposit will be applied to the families on June 28th if the camp does not meet the enrollment requirement.

*There will be no refunds for missed sessions.

I agree to the enclosed camp policies:

Signature: _____

If paying by Credit Card:

CREDIT CARD PAYMENT: (3% TRANSACTION FEE WILL BE ASSESSED ON THE TOTAL AMOUNT PAID)

VISA MASTERCARD

ACCOUNT NUMBER: _____

ADDRESS: _____

AMOUNT: _____

CARDHOLDER'S NAME _____

CVC # ____ **(3 DIGIT) EXP. DATE:** _____

PRINTED NAME: _____

SIGNATURE: _____

Camper Questionnaire

THE FOLLOWING QUESTIONS WILL ENABLE US TO BETTER SERVE YOU AND YOUR FAMILY AS YOUR CHILD PREPARES FOR CAMP.

INFORMATION FROM THIS APPLICATION WILL BE PROVIDED TO STAFF ON A 'NEED TO KNOW BASIS' TO HELP PROMOTE THE SAFETY AND WELL-BEING OF YOUR CHILD WHILE IN OUR CARE.

PLEASE THOROUGHLY COMPLETE THIS SECTION INDICATING ANY SPECIAL NEEDS OR MEDICAL CONDITIONS OF WHICH WE NEED TO BE AWARE IN PREPARING FOR THE CARE OF YOUR CHILD.

CAMPER INFO:

Name:

Age:

Address:

Phone:

Diagnosis:

Medical Information

Does your child have any pre-existing medical conditions? If yes, please identify the condition and necessary treatment.

Does your child have any allergies to food? _____

If your child has any sensory issues that will help us better understand the needs of your child, please list them below. _____

Please list emergency contact:

Name: _____

Address: _____

Phone: _____