



Sensory Handwriting Camp
Registration Form - Summer 2018

Child's Name: _____ **Birthdate:** _____
 First Middle Last

Address: _____ **Age:** _____

Home Phone: _____ **School:** _____

E-Mail Address: _____ **Grade Entering:** _____

Pediatrician: _____ **Phone:** _____

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

❖ **Handwriting Camp Classes :** *(select one)*

K-1 Class (entering K- 1st grade)
Week of July 23-27
 Monday-Friday from 9:00-11:00am

Elementary Class (grades 2-5):
Week of July 30- August 3
 Monday- Friday from 9:00-11:00am

❖ **Location:** **Achieve Pediatric Therapy** *(select one)*

East Orlando/Waterford Lakes Office
 11602 Lake Underhill Road
 Suite 129
 Orlando, FL 32825
 Ph: [407-277-5400](tel:407-277-5400)

Southwest Orlando/Dr. Phillips office
 7758 Wallace Rd.
 Suite 1
 Orlando, FL 32819
 Ph: [407-668-4923](tel:407-668-4923)

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

How have these difficulties improved or deteriorated? _____

What strategies have you tried to help alleviate these handwriting concerns?

What is your primary goal in having your child participate in this 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 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 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: _____

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 July 13, 2018

Balance of Handwriting Camp Registration Fee in the amount of \$190.00- to paid on the first day of Camp- July 23, 2018 (K-1 Class) or July 30, 2018 (Elementary Class)

Full Handwriting Camp Fee including Registration Fee- in the amount of \$240.00- to be paid on or before July 13, 2018

Credit Card Type: Visa MasterCard Discover

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Cardholder Name: _____ Payment Amount: _____

Cardholder Signature: _____ Date: _____

Handwriting Sample

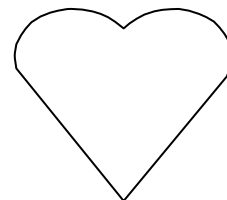
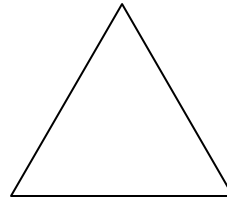
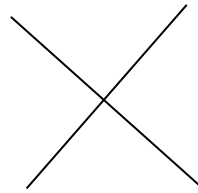
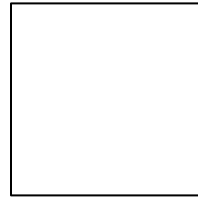
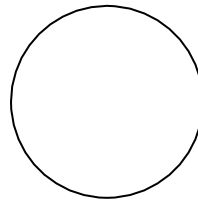
(After providing verbal instruction, please have your child complete independently)

Write your first and last Name:

(print or cursive) _____

Draw shapes here:

Color shapes inside lines here:



Write your Numbers 1 - 10:

Copy 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: (*Elementary students only*)

the _____ lazy _____

quick _____ dog _____

fox _____ write _____

jumps _____ play _____

brown _____ friend _____

over _____ park _____