

**Boston Ability Center
Group/Camp Registration Form**

GROUP PAYMENTS ARE DUE PRIOR TO THE FIRST SESSION

Child's Name: _____ DOB: _____

Address: _____

Parent Name: _____ Phone Number: _____

Email Address: _____

Does your child have any allergies that we should be aware of? _____

Please Choose Group/Session

- | | | |
|--|----------------|-------------------|
| <input type="checkbox"/> Team Time | \$600/10 weeks | Start date: _____ |
| <input type="checkbox"/> Move to Talk | \$600/10 weeks | Start date: _____ |
| <input type="checkbox"/> CIMT Camp | \$1000/week | Start date: _____ |
| <input type="checkbox"/> BAC Summer Camp | \$400/week | Start date: _____ |
| <input type="checkbox"/> Sib Shop | \$10/child | Date: _____ |
| <input type="checkbox"/> Open Gym | \$10/family | Date: _____ |

I understand that I am responsible for payment, there are NO makeup's for missed sessions due to your child's sickness, vacation, or general absence. Classes will be extended by the Boston Ability Center if cancellation is due to therapist absence or closing of center.

Parents Signature _____ Date _____

Group Payments are Out of Pocket and NOT billed to your insurance company. If you would like to submit an invoice for payment to your flexible spending account, please ask and we would be more than happy to give you one.

For Office Use only

- Attendance confirmed _____
- Amount due _____
- Payment received _____
- Scheduled _____