

**Handwriting and Yoga Camps Summer 2016**

1. June 6th – June 10th
2. June 13th – June 17th
3. June 20th – June 24th
4. June 27th – July 1st

Our Handwriting and Yoga Camps are ideal for kids between the ages of 5-10 who need improvement in writing legibility, are having issues with letter reversals and need to work on developing cursive skills. We will be using the [Cubworks](http://www.cubworks.com/method.htm) curriculum for print and [Loops and Other Groups](http://www.therapro.com/Browse-Category/Loops-and-Other-Groups/Loops-and-Other-Groups-A-Kinesthetic-Writing-System.html) (a kinesthetic writing system) for cursive. Both methods were developed by occupational therapists. To lay the foundation for good handwriting, each day we will incorporate sensory motor activities that work on the proprioceptive, vestibular, tactile and visual systems as well as activities to improve fine motor and visual motor skills. The daily yoga practice will help your child to improve body awareness, attention, self-regulatory abilities and learn relaxation techniques (important for reducing stress and anxiety). Your child will get the most benefit if they sign up for at least 2 weeks. Camps will be led by occupational therapists Yulene Broussard and Emma Wilking, yoga instructor Annette Raj, and facilitated by volunteers. Each camp is limited to 6-8 kids.

Daily schedule:

8:45 Drop off

9:00 Sensory Motor Activities

9:45 Snack (bring from home)

10:00 Fine Motor & Visual Motor

10:15 Handwriting Activities

10:50 Break

11:00 Yoga

11:50 Finish

Prerequisites

Your child must be able to do the following:

* Sit at a table and attend to a task
* Can write and identify all letters of the alphabet
* Be able to participate in age appropriate classes
* Follow activities without direct one on one supervision

Cost

$400 per week.

$20 off each week if all 4 weeks are booked.

$20 sibling discount.

$100 non-refundable deposit for each camp week is required to secure a place. The balance is due by May 2nd.

Child’s name & Date of Birth:

2nd child & Date of Birth:

3rd child & Date of Birth:

Select Camp/s you are registering for:

[ ]  Camp #1 June 6th – June 10th

[ ]  Camp #2 June 13th – June 17th

[ ]  Camp #3 June 20th – June 24th

[ ]  Camp #4 June 27th – July 1st

Mother’s name: Father’s name:

Home Address:

Mother’s cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: Email:

Please list any allergies, medications or health concerns:

Pick Up Authorization

Please list the name, relationship (family member, friend, sitter, etc.) and phone number of all adults who have your permission to pick up your child/children from camp. Parent’s names do NOT need to be listed.

|  |  |  |
| --- | --- | --- |
| Name: |  |  |
| Relation: |  |  |
| Phone: |  |  |

Medical Release

In the event that we cannot be reached to make arrangements for Emergency Medical Attention for our child/children, we hereby authorize representatives of Solaris Pediatric Therapy to give consent for any and all necessary emergency medical care. In consideration of this necessary emergency medical care, I agree to hold Solaris Pediatric Therapy, its employees, members, and volunteers free from any liability for any injuries my child may sustain while being treated in accordance with said medical release. If required, I instruct Solaris Pediatric Therapy to inform emergency medical staff to transport my child/children to

(insert name of hospital). In the absence of a preference, your child will be taken to the nearest hospital or minor emergency clinic.

Child’s PCP: Phone:

Health Insurance Request

Please provide us with a copy of the insurance card that covers your child/children.

Media Release

I agree to allow Solaris Pediatric Therapy to photograph/ video my child/children for educational and promotional purposes. I understand that these photos/ videos may be used for public viewing. I understand that my consent may be withdrawn in writing at any time.

Parent / Legal Guardian Signature Date

An invoice will be emailed to you. Please indicate if you would like to be invoiced for the deposit or the full balance.

[ ]  Deposit [ ]  Full balance

How did you hear about us?

If you would prefer to send a check, please make checks payable to Solaris Pediatric Therapy. Write the name of your child on the check. Checks may be mailed to PO Box 66701, Houston, TX 77006 or left with our office manager, Allyson Alli.

**Questions?** office@solarispediatrictherapy.com 832-727-3771