



141 N Main Street
Fuquay-Varina, NC 27526

1520 Glenwood Avenue, Suite 201
Raleigh, NC 27608

Office: 919-577-6807 Fax: 919-577-6853
www.capitolcityspeechtherapy.com

Five Senses Camp June 2019 Registration

M-F Class

Child's Name	_____	Date of Birth	_____
Parent Name	_____	Home #	_____
Address	_____	Cell	_____

Emergency Contact	_____	Phone	_____

Food Allergies	_____	Other Allergies	_____
Hospital Preference	_____		
Pediatrician	_____		
Name of Practice	_____	Phone	_____

By signing below, I acknowledge that all the information above is accurate and correct and will inform Capitol City Speech Therapy if any information changes. I agree to pay the \$15.00 non refundable fee when this form is submitted. Fee will hold your child's spot and will not go towards tuition (it will help pay for supplies).

_____/_____
Legal Guardian Signature: Date

FOR OFFICE USE ONLY

Non-refundable registration fee \$15 PAID on:

Permission form returned

Tuition fee \$150 PAID on:

Welcome Packet Sent

