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Lego Camp Part 1 June 2018 Registration

Name: _____ Date of Birth: _____

Address: _____ Home #: _____

_____ Cell: _____

Email: _____ Work: _____

Emergency: _____ Phone: _____

Contact _____

Food Allergies _____

Other Allergeries: _____

Hospital Pref _____

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 non refundable registration 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) **Registration fee is \$25.00**

_____/_____/_____
Legal Guardian Signature: _____ Date

