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## Lego Camp Part 2 July 2017 /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 (waived if second camp)**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Legal Guardian Signature: \_\_\_\_\_ Date