

MOSAIC SUMMER CAMP REGISTRATION 2018

Demographics Information	
Child's Name:	Age: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
Parent's Name:	Mobile Phone Number:
E-mail Address:	Home Address:

Place a check mark next to each camp you are registering your child for:

Sports and Outdoor Games

✓	Location	Date	Time	Ages
<input type="checkbox"/>	Bellevue	July 9-12	9:30-12:00	9-12
<input type="checkbox"/>	Bellevue	July 23-26	9:30-12:00	5-8
<input type="checkbox"/>	Bellevue	August 6-9	9:30-12:00	9-12
<input type="checkbox"/>	Bellevue	August 20-23	9:30-12:00	5-8

Performing Arts

✓	Location	Date	Time	Ages
<input type="checkbox"/>	Bellevue	July 9-12	9:30-12:00	5-8
<input type="checkbox"/>	Bellevue	July 30-August 2	9:30-12:00	9-12
<input type="checkbox"/>	Seattle	July 16-19	9:30-12:00	5-8
<input type="checkbox"/>	Seattle	August 13-16	9:30-12:00	9-12

Social Skills

✓	Location	Date	Time	Ages
<input type="checkbox"/>	Bellevue	July 16-19	9:30-12:00	4-6
<input type="checkbox"/>	Bellevue	July 16-19	1:00-3:30	7-10
<input type="checkbox"/>	Bellevue	August 13-16	9:30-12:00	4-6
<input type="checkbox"/>	Bellevue	August 13-16	1:00-3:30	7-10

Handwriting

✓	Location	Date	Time	Grade
<input type="checkbox"/>	Bellevue	July 23-26	9:30-12:00	K-2
<input type="checkbox"/>	Seattle	July 9-12	9:30-12:00	K-2
<input type="checkbox"/>	Issaquah	August 13-16	9:30-12:00	K-5

Art

✓	Location	Date	Time	Ages
<input type="checkbox"/>	Bellevue	July 9-12	9:30-12:00	7-9
<input type="checkbox"/>	Bellevue	August 6-9	9:30-12:00	5-6
<input type="checkbox"/>	Seattle	July 23-26	9:30-12:00	5-6

Kids in the Kitchen

✓	Location	Date	Time	Ages
<input type="checkbox"/>	Bellevue	August 20-23	9:30-12:00	8-14
<input type="checkbox"/>	Seattle	August 6-9	9:30-12:00	8-14
<input type="checkbox"/>	Issaquah	July 16-19	9:30-12:00	8-14

Payments must be made at the time of registration. Please include \$250 tuition for each camp registered for. I understand that my payment is not transferable or refundable unless it is determined by MOSAIC that my child is not a good fit for the camp. In this case, refunds will be pro-rated based on the remaining days not attended. If camp is cancelled due to low enrollment, tuition will be fully refunded.

I understand the requirements that my child:

- Is toilet trained
- Doesn't have physically/verbally aggressive behaviors
- Is able to follow verbal directions in a group setting
- Will not run away into the street

Signature /Printed Name

Date

Credit Card Authorization:

Card holder name			
Billing address			
Phone number		Amount to charge:	
Type of card <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> HSA	Card number	Expiration date	3 digit CVV
Signature		Date	

Submit completed form to summercamp@mosaicrehab.com or fax to (425) 644-6295.

Upon receipt of completed registration, you will receive confirmation of enrollment and a complete informational and intake packet via email.

Please contact us with further questions at: summercamp@mosaicrehab.com

Bellevue
13010 NE 20th ST Suite 200
Bellevue, WA 98005
(425) 644-6328

Issaquah
1495 NE Gilman Blvd. Suite 4
Issaquah, WA 98027
(425) 392-2346

Seattle
2111 N. Northgate Way Suite 101
Seattle, WA 98133
(206) 388-3751

FOR OFFICE USE ONLY
Payment received: Y / N
Method: