



The "Write" Play REGISTRATION FORM

Dates: Tuesdays (10 sessions) January 29 / February 5,12,19,26 / March 4,11,25 / April 1,15

Hours: 4:00pm-5:30pm

Location: Sensawee Play, 1935 Cliff Valley Way, Suite 119, Atlanta GA 30329

Price: \$600
Space is limited; so register early!

Registration Deadline: January 15, 2007

Class size is limited so please send in a deposit for 50% of your registration fee no later than January 15, 2007. The remaining balance will be due before the first workshop; your deposit holds a slot for your child in the workshop.

Client Information:

Name: _____ Sex: M / F

Date Of Birth: _____

Home Phone : (____)____-____ Cell Phone: (____)____-____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent's Names: _____

Email: _____

Grade in School: _____

Service Providers: _____

Emergency Contact (name & number): _____
(person you give permission to leave a message with in case of an accident or a therapist emergency)

We will be paying by:

Check # _____ (Please make check payable to: Sensawee Play)

Credit Card

Please Circle: Visa / Mastercard / American Express

Credit Card #: _____

Expiration Date: _____

Security Code: _____ (last 3 digits on back of Visa/MC or 4 small digits above CC# on AmEx)

If paying by credit card please check off the following and sign below:

- Permission is given for Sensawee Play, LLC to charge my credit card a 50% deposit ASAP to hold a spot for my child
- Permission is given for Sensawee Play, LLC to charge my credit card the remaining balance one the first day of the workshop.

Signature

Date

If you have any further questions or. please feel free to contact either Florie Glusman, OTR/L at the information below:

Florie Glusman, OTR/L
404-636-5272
florie@sensaweeplay.com
www.sensaweeplay.com

PLEASE SEND or FAX REGISTRATION FORM BACK TO:
1935 Cliff Valley Way, Suite 119 Atlanta, Georgia 30329 • 404-636-5644 (f)