

Horizons 2009 Summer Registration Form



Child's Name: _____ Parent's Name: _____
Address: _____ Home Phone: _____
_____ Work/Cell Phone: _____
Birth date: _____ Email: _____
School/Grade/Program: _____

Once your registration is received you will be charged immediately for the sessions that you register for. You may make tuition payments using PayPal, VISA, MasterCard, or check.

Mark the session(s) for which you wish to register:

Summer Fun CAMPS Sessions 7 Weeks from July 6-August 20

____ July 6-9: Zooming Into Summer

____ 9-12pm for Ages 4-7 ____ 1-4pm for Ages 8-12

____ July 13-July 16: Hawaiian Luau

____ 9-12pm for Ages 4-7 ____ 1-4pm for Ages 8-12

____ July 20-23: Lions, Tigers, & Bears—Oh My!

____ 9-12pm for Ages 4-7 ____ 1-4pm for Ages 8-12

____ July 27-30: All About Me

____ 9-12pm for Ages 4-7 ____ 1-4pm for Ages 8-12

____ August 3-6: It's A Bug's Life

____ 9-12pm for Ages 4-7 ____ 1-4pm for Ages 8-12

____ August 10-13: Wild, Wild West

____ 9-12pm for Ages 4-7 ____ 1-4pm for Ages 8-12

____ August 17-20: Under The Sea

____ 9-12pm for Ages 4-7 ____ 1-4pm for Ages 8-12

Horizons Developmental Remediation Center
3120 68th Street SE * Caledonia, MI 49316
(616) 698-0306 * info@horizonsdrc.com
www.horizonsdrc.com

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Collaborate and Create!

One 3-week session on Tuesday & Thursday's from July 7—23

One week-long session July 27-30

One 3-week session on Tuesday & Thursday's from August 4-20

____ July 7-July 23: Tuesdays & Thursdays 9-12pm

____ July 27-30 9-12pm Monday-Wednesday, 9-1pm Thursday includes group picnic lunch

____ August 4-20: Tuesdays & Thursdays 9-12pm

Individualized Instruction

7 Weeks from July 6-August 20

____ Mondays: ____ 9-12 ____ 1-4 ____ 9-4

____ Tuesdays: ____ 9-12 ____ 1-4 ____ 9-4

____ Wednesdays: ____ 9-12 ____ 1-4 ____ 9-4

____ Thursdays: ____ 9-12 ____ 1-4 ____ 9-4

If you wish to register for the following services a clinician will call you to schedule:

____ Individual Speech Therapy

____ Individual Feeding Therapy

Final Registration—June 5, 2009

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