Down Syndrome Association *of West Michigan*
2008 Summer Programs
Enrollment Form

Child's Name: _____Birthdate:_____Age: ____

Parent/Guardian Name: _____ E-mail: _____

Home Phone Number: _____ Work Number:_____

Street: _____ City:_____ Zip: _____

School: _____ Grade Level:___ Prog. (ECDD, inclusive, self contained): _____

Please describe the Math, Reading, Speech/OT or Sensory programs that are being used with your child:

_____

_____

I would like to enroll in the following 2008 Summer program(s):

Play with a Purpose Playgroup	_____ Friday morning	
Sensory Motor Camp:	_____ Tuesday morning (or Wednesday, depending on Speech/OT enrollment)	
Speech/OT:	_____ Monday A.M._____ P.M._____	Grand Rapids Lakeshore
	_____ Tuesday A.M._____ P.M._____	
Reading:	_____ Tuesday, Wednesday or Thursday	Grand Rapids Lakeshore
	_____ 1 or 2 x Week A.M._____ P.M._____	
Math:	_____ Tuesday, Wednesday or Thursday	Grand Rapids Lakeshore
	_____ 1 or 2 x Week A.M._____ P.M._____	
	Please circle location preference	
Independent Life Skills	_____ I am interested in the class, please contact me with further details	
Social Awareness & Application	_____ I am interested in the class, please contact me with further details	

We will make every effort to a accommodate your preferences

At this time, I have enclosed my completed enrollment application, including:

____ Enrollment Form
____ Membership dues for 2008-09 MUST BE PAID by May 15
____ Check or money order payable to DSAWM for:
- _____ $ 60.00 - Play with a Purpose – Play Group
- _____ $ 65.00 - Sensory Motor Camp
- _____ $135.00 - Speech/OT
- _____ $ 75.00 - Reading
- _____ $ 75.00 - Math
- _____ Total amount enclosed

Mail to: DSAWM
PO Box 888164
Grand Rapids, MI 49588

☐ Check box if you need a receipt to send to your insurance company to request reimbursement.

I am requesting enrollment in the Down Syndrome Association of West Michigan 2008 Summer Program(s). I understand that an enrollment fee is due with this form by April 15, 2008 and that my 2008-2009 DSAWM membership dues must be paid by May 15, 2008.

I certify that Down Syndrome Association of West Michigan and any participating organization or individuals will in no way be held responsible for any personal injury, accident, or loss of personal property while services are being rendered to my child. This consent expires on August 30, 2008, or when I withdraw my consent in writing, whichever comes first.

Parent or
Guardian Signature: _____ Date: _____