



Hand Helpers
Fall 2019 Registration
For children age 4 or 5 not yet in Kindergarten

Child Name: _____ DOB: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Cell phone: _____

Please select which day/time you are registering for. We will contact you to confirm a specific start date as groups form.

- Mondays 9:15 - 10:00 am
- Mondays 3:00 - 3:45 pm

Cost and payment policy: \$150 for each 6-week session

In order to reserve your child's place in a group, a \$75 non-refundable deposit is due with registration. The remaining balance is due halfway through the session (the week of Nov. 11). Group fees are payable by check, cash or credit card. If your group session is canceled for low enrollment, your deposit will be refunded.

To complete registration: Please fill out this form in its entirety, including signature on page 2. You may then return it to us in one of the following ways:

1. By mail: TCS
 115 S. Saint Johns Dr.
 Camp Hill, PA 17011
2. By email: tcs@patcs.com

If paying by check, make payable to "TCS" and enclose with your completed form. Please call us at 717-761-4754 if you would like to pay by credit card.

Attendance policy: Group dynamics are a central component of the effectiveness of this program. Please make every effort to attend consistently for the six-week session. We understand that you might need to miss a week due to illness, emergency, or vacation. However, due to the format of this program no refunds or makeups are possible for missed weeks. Please notify us at least 24 hours in advance of any absences.

Release of Liability: I, _____, acknowledge and agree to have my child or ward, _____ participate in programs at Therapy and Counseling Services (TCS). I acknowledge that there are inherent risks in the use of therapy and play equipment. I hereby release TCS, its directors, therapists, employees, representatives, and all other individuals or organizations acting on behalf of TCS in connection with this program from any and all claims which I or my child or ward may have arising from, resulting from, or in connection with my child's participation in programs including, but without limitation, any claim, demands, or causes of action for injuries to my child, including but not limited to, injuries resulting from the use of any play equipment during the program. This agreement is signed for the purpose of fully and completely releasing, discharging, and indemnifying TCS, its directors, therapists, employees, representatives, and all other individuals or organizations acting on behalf of TCS in connection with this program from all liability as herein described.

Signature

Date

Upon receipt of completed paperwork and deposit, you will receive a phone and/or email confirmation of your child's registration.