# HANDI KIDS
# SPRING 2008 PROGRAM REGISTRATION

Complete this form and return with payment to: Handi Kids, 470 Pine Street, Bridgewater, MA 02324

Participant Name_____

Address_____

City, State, Zip_____

Home Phone_____ Cell or Business Phone_____

Email Address_____ Parent/Guardian Name_____

How did you hear about Handi Kids? ☐ Past Participant ☐ Mailing ☐ Friend/Referral ☐ Website/Internet Search
☐ Agency: Which one?_____ ☐ Advertisement: Where?_____

| **Check desired programs** | **Cost** |
|---|---|
| ☐ Spring Fling Party, 3/22 #adult_____ #children_____ | $ 10 |
| ☐ April School Vaca Camp, 4/21 | $ 70 |
| ☐ April School Vaca Camp, 4/21, extended day | $ 90 |
| ☐ April School Vaca Camp, 4/22 | $ 70 |
| ☐ April School Vaca Camp, 4/22, extended day | $ 90 |
| ☐ April School Vaca Camp, 4/23 | $ 70 |
| ☐ April School Vaca Camp, 4/23, extended day | $ 90 |
| ☐ April School Vaca Camp, 4/24 | $ 70 |
| ☐ April School Vaca Camp, 4/24, extended day | $ 90 |
| ☐ April School Vaca Camp, 4/25 | $ 70 |
| ☐ April School Vaca Camp, 4/25, extended day | $ 90 |
| ☐ Good Friday Program, 3/21 | $ 70 |
| ☐ Good Friday Program, 3/21, extended day | $ 90 |
| ☐ Teen Dance 4/4 | $ 5 |
| ☐ Teen Dance 5/9 | $ 5 |
| ☐ Spring Riding Lesson (single lesson) | $ 45 |
| ☐ Spring Riding Lesson (two lessons) | $ 90 |
| ☐ After School Karate | $125 |
| ☐ After School Music Therapy | $100 |
| ☐ After School Girls Circle Group | $125 |
| ☐ After School Soccer 1 (Tuesdays) | $ 60 |
| ☐ After School Soccer 2 (Wednesday) | $ 60 |
| ☐ After School Friendship Circle Group 1 | $120 |
| ☐ After School Friendship Circle Group 2 | $120 |
| ☐ Saturday Creative Movement Program | $ 60 |
| ☐ Saturday Music for Life | $ 90 |
| ☐ Spring Saturday Camp 12-week Program | $780 |
| ☐ Saturday Culinary Arts Program | $120 |
| ☐ Saturday Archery Lessons | $ 65 |

**Total Amount Enclosed** **$_____**

**Payment Method**

☐ Check/ Money order
Please make all checks payable to Handi Kids

☐ Credit Card (complete all information below)
☐Visa ☐MC ☐Amex ☐Discover

_____
Card Number

_____ _____
Expiration Date CV# (on back of card)

_____
Signature (required)

☐ Bill the following agency:
Contact:_____
Agency:_____
Address:_____
City:_____St_____ Zip_____

**Scholarship Assistance:** Assistance based on financial need may be available for those who qualify. Scholarship information can be downloaded at www.handikids.org or by contacting the Handi Kids Office.

**Important Notes:** All participants who have not attended a Handi Kids program within the last 12 months must complete an application and attend an assessment with the Program Director. Please call for an appointment. Credits will be issued ONLY for illness or injury documented by a Doctor's note. Credits are NOT issued for other absences or for dismissals due to a child's uncontrollable behavior. Handi Kids reserves the right in its sole discretion to terminate a child's participation in any program if his or her behavior becomes a threat to their health and safety or that of other children or the staff.