

Children's Stress Relief/Anxiety Reduction Summer Workshop (ages 8-11)

REGISTRATION FORM

Please be sure to fill out the front and back of this form.

Please return completed form to Reading office.

New Application Re-enrollment

Location: Reading

Days/Times: July 12-16th, 9:00 am-11:15 am each day

Name: _____ **Date of Birth:** ___/___/___ **Age:** ___ **Grade:** ___

Parent Name (1): _____ **Parent Name (2):** _____

Guardian's Name(s): _____ **Email:** _____

Home Phone: _____ - _____ - _____ **W#:** _____ - _____ - _____ **C#:** _____ - _____ - _____

Address: _____ **Town/Zip:** _____

Fees: Interview fee (if applicable): \$100.00 (\$5.00 convenience fee will be added if paying via credit card)

Workshop program: \$350.00 for the weeklong session

_____ Enclosed is my prepayment check payable to the **Triumph Center** for \$350.00

_____ Please charge my Visa/MasterCard account (**\$16.00 convenience fee for all credit card payments of \$350.00**):

Acct#: _____ **Name on Card:** _____

Expiration Date: _____ **Signature:** _____