

# 2024 ABC BOOT CAMP



## FTH CAMP PHILOSOPHY

The therapists at FTH feel this therapeutic camp environment is an important step in your child's transition to the successful inclusion into regular day camp and school programs.

Our hope is to provide a fun and motivating camp experience in a safe, supportive environment in order for your child to try out new skills.

From the Heart Therapy Services  
4613 Bee Caves Road Ste # 202  
Austin, TX 78746



**2024 ABC BOOT CAMP**  
**\$150 PER WEEK**  
 Tuesday / Wednesday / Thursday  
 12:30 pm - 3 pm

**LEVEL 1**

A multi-sensory approach to learning the alphabet and its sounds using Handwriting Without Tears and other activities to teach the correct formation of the upper case letters , the numbers 0-9 and your child's first and last name.

**LEVEL 11**

A multi-sensory approach to learning the alphabet and its sounds using Handwriting Without Tears and other activities to teach the correct formation of the lower case letters , the numbers 1-20. Emphasis will be on alignment, size, and spacing, as well as transitioning from letters to words and sentences. Activities to improve in hand manipulation skills and tool grasp will also be provided.

- ♥ It is recommended to complete at least 3 weeks of the camp.
- ♥ Therapy visit (s) will occur during this time frame and will be charged as they usually are and separated from the camp fee.
- ♥ A pretest will be given to each child to evaluate skills and an individual program will be setup.
- ♥ A home program will be given at the end of the camp period to practice the skills learned.
- ♥ Wearing a mask will be required.

CAMP PAYMENTS ARE NON-REFUNDABLE

**FTH ABC Boot Camp**  
**Registration - 2024**

CHILD'S NAME: \_\_\_\_\_  
 DOB: \_\_\_\_\_ AGE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PARENT'S NAME: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 SPECIAL PRECAUTIONS; \_\_\_\_\_  
 \_\_\_\_\_  
 ALLERGIES: \_\_\_\_\_  
 SPECIAL DIETS: \_\_\_\_\_

**Please check which weeks your child will be attending:**

- June 25<sup>th</sup> – June 27<sup>th</sup> \$ \_\_\_\_\_
- July 9<sup>th</sup> – July 11<sup>th</sup> \$ \_\_\_\_\_
- July 16<sup>th</sup> – July 18<sup>th</sup> \$ \_\_\_\_\_
- July 23<sup>rd</sup> – July 25<sup>th</sup> \$ \_\_\_\_\_
- July 30<sup>th</sup> – August 1<sup>st</sup> \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Payment method:  Visa  MC  AMEX  Discover

Card number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on card: \_\_\_\_\_ CVV #: \_\_\_\_\_

Check number: \_\_\_\_\_