

# 2021 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



**2021 ABC BOOT CAMP**  
**\$105 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.
- ♥ Maximum to 6 kids. Limited openings for siblings are available.
- ♥ Wearing a mask will be required.

CAMP PAYMENTS ARE NON-REFUNDABLE

**FTH ABC Boot Camp**  
**Registration - 2021**

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 22 – June 24 \$ \_\_\_\_\_
- June 29 – July 1 \$ \_\_\_\_\_
- July 6 – July 8 \$ \_\_\_\_\_
- July 13 – July 15 \$ \_\_\_\_\_
- July 20 – July 22 \$ \_\_\_\_\_
- July 27 – July 29 \$ \_\_\_\_\_
- August 3 – August 5 \$ \_\_\_\_\_

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

Parents Signature: \_\_\_\_\_

Payment method:  Visa  MC  AMEX  Discover

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

Name on card: \_\_\_\_\_

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