

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

FTH KID SKILLS CAMP SUMMER 2021



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4613 BEE CAVES ROAD STE # 202
AUSTIN, TX 78746
(512) 306-1707

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.

It give the therapist a chance to work with your child in a limited peer interaction setting, as well as individually, over an extended period of time. We can analyze arousal levels, sensory processing needs for a sensory diet, social interactions and functional communication skills while incorporating individual therapy goals into the framework.

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.



2021 FTH KID SKILLS CAMP

\$195 PER WEEK

9 am - 12 pm

- ♥ Week 1: June 14th - June 17th Monday thru Thursday
- ♥ Week 2: June 21st - June 24th Monday thru Thursday
- ♥ Therapy visit (s) will occur during this time frame and will be charged as they usually are and separated from the camp fee.
- ♥ Registration deadline May 22nd.

This camp is offered to children who participate in the therapy program at FTH Therapy Services. It will combine the skills taught through the "HOW DOES YOUR ENGINE RUN" program. It will include activities such as: water fun, crafts, hiking, music, art, science, communication and social interactions. Each child's camp program will be structured for his / her needs and interests.

The two-week session is optimum to achieve camp goals. You can just attend one week.

Each week will be limited to 10 participants and will be grouped by age, interest, and need. Limited openings for siblings are available.

Wearing a mask will be required.

Number of therapy sessions to be charged in addition to camp charge:

_____ OT _____ ST

CAMP PAYMENTS ARE NON-REFUNDABLE

FTH KID SKILLS CAMP Registration - 2021

CHILD'S NAME: _____

DOB: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT'S NAME: _____

PHONE: _____ CELL: _____

EMAIL: _____

SPECIAL PRECAUTIONS: _____

ALLERGIES: _____

SPECIAL DIETS: _____

MEDICATIONS TO BE TAKEN _____

Please check which weeks your child will be attending:

June 14th - June 17th \$ _____

June 21st - June 24th \$ _____

TOTAL \$ _____

Parents Signature: _____

Payment method: Visa MC AMEX Discover

Card number: _____ Exp Date: _____

Name on card: _____

Check Number: _____