



Schedule and Registration Form

Poughkeepsie

Days	Age	Time	start	end
Tuesdays	7-8	4:00-4:50 pm	9/10/08	
	9-10	5:00-5:50 pm		
	11-13	6:00-6:50 pm		
Thursdays	7-8	4:00-4:50 pm	9/4/08	
	9-10	5:00-5:50 pm		
	11-13	6:00-6:50 pm		
	teen	7:00-7:50 pm		

Schenectady

Days	Age	Time	start	end
Wednesdays	7-8	4:00-4:50 pm	9/3/08	
	9-10	5:00-5:50 pm		
	10-13	6:00-6:50 pm		

⦿ **Tuition** for 15 week Fall program is \$750.00 (\$50.00 per group). This fee includes materials and a mid-semester parent conference. Group size is limited to 6 children. Many Insurance companies are now reimbursing for Licensed Creative Arts Therapist. Check with your insurance company for more information.

⦿ **Dyads and Triads** are forming on an as needed basis. Tailored to specific needs of the children.

⦿ **Intake session** a \$95.00 fee is required for all children applying to the program in order to assess and evaluate for appropriate group. Damsely reserves the right for final placement in groups as dynamics are important. You will receive a letter of acceptance regarding group placement.

⦿ **Deposit:** a non refundable \$100.00 is required to hold your place in a specific group. This deposit will be applied to the overall tuition fee.

⦿ **Parent Coaching Program** See Theresa.

⦿ **RDI Program** See Theresa

Select Class	Location	Day	Time
1 st Choice			
2 nd Choice			

Child's Name _____ Age _____ Grade _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip Code _____

Parent(s)/Caregiver/Guardian's Name(s) _____

Home Phone _____ Work Phone _____

Cell/Pager _____ E-mail _____

Emergency Contact Information: Name _____

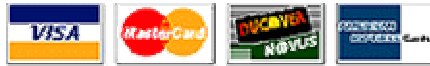
Relation to child _____ Home/Cell Phone _____

Please give names of those you give permission to pick up your child from program.

Describe briefly why you are interested in placing your child in this program _____

Please let us know if your child has any allergies, food and otherwise, is currently taking any medications or any other pertinent information that is important for us to know. _____

Make Checks payable to: Damsselfly Center 54 Elizabeth St. Red Hook, NY 12571



We accept these cards *Circle one*

Card# _____ CCV# _____ Exp. Date ____ / ____

Name *as it appears on card* _____

Billing Address if different than above

Name _____

Address _____

City _____ State _____ Zip Code _____

Signature _____ Date _____

Processing Dates for Payment Plan: 9/5/2008, 10/3/2008, 11/7/2008

Photo Consent:

I give Damsselfly Center permission to use photographs of my child for education and promotions. Y ___ N ___

Warning: Participation in physical activity including dance and movement games can result in injury. I understand by signing this form that I waive any right to hold Damsselfly Center or anyone affiliated with Amazing Kids Amazing Families responsible for any injuries or damage of property that might occur during participation in this class. This waiver also applies to anyone affiliated with classes held at Damsselfly Red Hook, Damsselfly Poughkeepsie and Campbell House Psychological Associates Schenectady.

Parent/Guardian Signature _____ Date _____

How did you hear about us? _____ I was referred by: _____

Send registration form and deposit to: Damsselfly Center 54 Elizabeth St. Red Hook, NY 12571