**Registration Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Check box to sign up** | **Dates** | **Camp Type** | **Camp****Location** | **Times** | **Cost** |
| [ ]  | Monday August 4th through Friday August 8th  | Youth Camp | Los Altos | 10:30am-12:30pm | $400 |
| [ ]  | Monday August 11th through Friday August 15th  | Teen Camp | Los Altos | 10:30am-12:30pm | $400 |

**\*Please contact us directly for camp address**

**Camper’s Name:**

**Age:**

**Parent/Guardian #1:**

**Parent/Guardian #2:**

**Phone #’s (Provide at least one phone number you can be reached at incase of an emergency):**

**E-mail:**

**Diagnosis (If applicable):**

**Health considerations? (Seizure disorders, diet restrictions, etc.):**

**Other considerations? (Behaviors, sensory needs, etc):**

**Please make checks payable to: Rainbow Music Therapy Services**

**Please send your sign up form and checks to:**

**Rainbow Music Therapy Services, 1201 Main Street Redwood City, CA 94063**

Groups are limited to 8 participants per week.

Once we receive your completed sign up form and check we will confirm your reserved spot.