

# Irvine Therapy Services, Inc.

Presents:

## *Happy Printer's Club 2012*

The Club will run from the week of 6/25 through the week of 7/30

- Frequency will be twice per week: Tuesdays & Thursdays (12 sessions)
- Sessions will run 2 hours each, and will be taught by a licensed occupational therapist
- Cost: \$1050, which includes costs for materials
- Proposed Time: 2:00 pm to 4:00 pm

Group sizes are kept small to allow for 1:1 attention and tailored programming to meet the needs of individual students, so register early.

### Pre-Requisites for Printer's Club

It is recommended that participants be able to:

- Participate in a small group setting
- Attend to an activity for 10-15 minutes at a time.
- Listen to instructions
- Follow multi-step directions
- Copy basic geometric lines and forms : | — □ ○ △ \ /



Please be aware that the club(s) may be cancelled if there are not a sufficient amount of participants, and in such an instance any registration fees paid would be reimbursed.

Fees are due in full prior to the first session. Reimbursement is not provided for absences. The sessions build upon each other, and thus regular attendance is strongly encouraged.

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**Registration Form:** Please return this portion with a \$100.00 registration fee to reserve a space. This fee is included in the full cost of the club, and will be applied toward the full registration fee. Balance due prior to the first club session.

Parent's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Allergies or Diet Restrictions: \_\_\_\_\_

*Please note: If your child requires a special diet, please provide acceptable snack items for him/her, so as to include him/her in snack time. Thank you.*

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I do, hereby, give consent for Irvine Therapy Services, Inc. (ITS) to photograph my child \_\_\_\_\_ with the purpose of taking a Happy Printer's Club group photo for an arts and crafts activity. I understand the pictures taken will be given to all Club participants as part of their project, to take home. ITS will retain a copy for our records.

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Signature of Parent and/or Legal Guardian

Date