



Participant _____ DOB _____ Age _____

Parent/Guardian _____

Address _____ City _____ Zip _____

Telephone (Cell Phone) _____ (Secondary) _____

Email _____ T-shirt Size: _____

Preferred group:

| | Session 1: 6/26/20 - 7/10/20 (off July 3 rd) | Session 2: 7/13/20 - 7/24/20 | Session 3: 7/27/20 – 8/7/20 | Session 4: 8/10/20 – 8/14/20 1 week only |
|--|--|---------------------------------|--------------------------------|--|
| Summer Fun | | | | \$450 or \$675 |
| Elementary (Ages 4-11) \$900 per session | | | | Half Price |
| Elementary 1:1 Intensive Programing (Ages 4-11) \$1350 per session | | | | Half Price |
| Middle School (Ages 11-14) \$900 per session | | | | Half Price |
| Middle School 1:1 Intensive Programing (Ages 11-14) \$1350 per session | | | | Half Price |
| Teen Passages | | | | |
| High School (Ages 14-18) \$900 per session | | | | Half Price |
| High School 1:1 Intensive Programing (Ages 14-18] \$1350 per session | | | | Half Price |
| Emerging Adult Program | | | | |
| Emerging Adults (Ages 18-21) \$900 | | | | Half Price |
| Emerging Adults 1:1 Intensive programing (Ages 18-21) \$1350 per session | | | | Half Price |

Total Fee: _____

Paid: _____

Balance: _____

Please see back side

Payment Information

Check enclosed (please make checks payable to Judson Center)

Please bill my: Visa MasterCard

Amount to Charge: _____

Name on card: _____ CVC code _____

Card number: _____ Expiration date: _____

Signature: _____

Anticipating Third Party Payment from: _____

(Payment Information Continued)

We require a \$50 deposit per session at the time of registration to secure a spot in the summer program. Parents are responsible for registering and paying for their children unless an authorization from a third party has been confirmed. An intake will be required if your child has not received services in the last six months. Space is limited. Payment plans available; please call for details.

Final payment deadline is May 29th, 2020.

Third Party Payments

If a third party will be paying for your child, we must receive an authorization letter from the third party (on letterhead) by **May 15th, 2020** stating the amount they are paying and the date we will receive payment. Families are responsible for the remainder of program fees. See our website for more details. Deposit required regardless of payer.

Late Fees

Please see our Frequently Asked Questions for additional information.

Cancellations and Refunds

Please see our Frequently Asked Questions for additional information.

**Please mail or fax
Registration form to:**
Judson Center Autism Connections
4410 W. Thirteen Mile Rd.
Royal Oak, MI 48073-6515
Phone: (248) 554-6385
Fax: (248) 837-2067