



Stern Center for Language and Learning

Camp Compass REGISTRATION FORM

June 25-28, July 2-6, & July 9-12, 2012

QUESTIONS how to
complete this form?

Please call or email
802-878-2332 x338
lmarcus@sterncenter.org

Return completed form to:

Stern Center
Attn: Lisa Marcus
183 Talcott Road, Suite 101
Williston, VT 05495

REGISTRATION DEADLINE IS MARCH 30, 2012.

Student Information

NAME:		DATE OF BIRTH: MM / DD / YYYY	
SCHOOL:		GRADE:	
PREVIOUSLY EVALUATED: <input type="checkbox"/> YES <input type="checkbox"/> NO	DX:		IEP/504: <input type="checkbox"/> YES <input type="checkbox"/> NO

Parent / Guardian Information

PARENT / GUARDIAN NAME:		PHONE:	
CO-PARENT NAME:		PHONE:	
BILLING ADDRESS:		SUITE/APT #:	
CITY:	STATE:	ZIP:	
MOBILE/HOME PHONE:	WORK PHONE:		
EMAIL:		<input type="checkbox"/> PLEASE ADD ME TO YOUR ENEWSLETTER	

Camp Compass Groups

Camp groups are formed based on age and level of social communication. Your child's group will meet for **ONE** of these weeks (June 25-June 28, July 2 - July 6, or July 9 - July 12) either in the morning or afternoon. You will be notified by mid-May 2012 which week and session your child will be attending.

Financial Assistance

IF REQUESTING FINANCIAL ASSISTANCE, PLEASE SELECT FROM THE FOLLOWING AND PROVIDE THE FOLLOWING DOCUMENTATION	
<input type="checkbox"/> CYNTHIA K. HOEHL	<i>Available to families with an adjusted gross income of \$125,000 or less. Please attach page 1 of last year's 1040 tax form.</i>
<input type="checkbox"/> SCHOLARSHIP	<i>Available to families with an adjusted gross income of \$80,000 or less. Please attach last year's tax forms and fill out our scholarship application.</i>
<input type="checkbox"/> PAYMENT PLAN	<i>All payment plans will have a 5% administrative fee applied to the balance due.</i>

Payment Information (A \$100 NON-REFUNDABLE DEPOSIT IS REQUIRED TO SECURE A SPOT IN OUR CAMP)

<input type="checkbox"/> VISA / MASTERCARD	<input type="checkbox"/> CHECK (Make payable to: Stern Center)		
CREDIT CARD #:			EXP DATE: /
NAME ON CARD:	CCV#:	BILLING ZIP:	
SIGNATURE:	DATE:		

BY SIGNING THIS FORM, YOU ARE AUTHORIZING THE STERN CENTER TO PROCESS YOUR CREDIT CARD A \$100 DEPOSIT.

HOW DID YOU HEAR ABOUT US? NEWSPAPER INTERNET REFERRAL FAIR/EXPO RADIO OTHER _____