



# SARATOGA SPRINGS

## 2010 Saratoga Springs Super Stars Registration Form

Super Star's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Grade: \_\_\_\_\_

Name of  
Parents/Guardians: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell: \_\_\_\_\_  
Work Number: \_\_\_\_\_  
Email: \_\_\_\_\_

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

Person to Contact In Case Of Emergency: \_\_\_\_\_  
Number: \_\_\_\_\_

I WOULD LIKE TO REGISTER FOR THE FOLLOWING SESSIONS:  
(\$350.00 for the first week selected, \$325.00 for each additional  
weeks/sibling or \$300.00 per week when you sign up for all 4 weeks)

I would like my child/children to attend the following weeks:

\_\_\_\_\_ July 13/15 9:00am-1:00pm

\_\_\_\_\_ July 20/22 9:00am-1:00pm

\_\_\_\_\_ July 27/29 9:00am-1:00pm

\_\_\_\_\_ Aug 3/5 9:00am-1:00pm

\_\_\_\_\_ All Weeks

\_\_\_\_\_ I would be interested in additional days/times/weeks

\_\_\_\_\_

Educational Information

Name of School: \_\_\_\_\_

District: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date Diagnosed and By: \_\_\_\_\_

Circle your child's classroom placement:

Mainstream

One-to-One-Aide

Special Day Class

Does your child receive any other service at school or privately?  
(Circle one):

Occupational Therapy

Speech Therapy

Resource

ABA

Background Information

What are your current concerns about your child at SCHOOL?

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What are your current concerns about your child at HOME?

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What are your child's strengths?

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What subject(s) does your child like BEST in school?

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What subject(s) does your child like LEAST in school?

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What BEHAVIORAL challenges does your child exhibit on a regular basis?

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**I understand and accept financial responsibility for the 2010 Saratoga Springs “Saratoga Super Stars” Day Camp**

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Parents Signature

Deposit is \$100 per week per child. Remaining balance is due 3 weeks prior to the first day of camp. Deposits are refundable if you cancel 3 weeks BEFORE the start date of camp less a \$25 cancellation fee.

Please make checks payable to Saratoga Springs.  
Mail to 22801 Big Basin Way, Saratoga, CA 95070

