

UNFOLD

A CAMP FOR SIBLINGS OF CHILDREN WITH SPECIAL NEEDS

REGISTRATION FORM

Date: _____

Child's Name: _____

Child's Age: _____

Home Phone Number: _____

Parent/Legal Guardian's Name(s): _____

Total Amount Enclosed: \$_____ Please make checks payable to PDC. Fees are nonrefundable.

I would like to request scholarship assistance. ___Yes___ No Amount Requested \$_____

I would like to make a donation to help sponsor an UNFOLD participant _____Yes _____No
Donation amount \$_____ enclosed

Important Information

Who: UNFOLD is for brothers and sisters of children with special developmental or special health needs

Where: Pediatric Development Center located at 125 Presumpscot Street, Portland, ME 04103

Contact: 207-699-5531

When: April 20, 21, & 22

Time: 11:00-2:00

Ages: 2nd - 5th graders

Please return this form along with Registration Form and payment to:

Pediatric Development Center

125 Presumpscot Street

Portland, ME 04103