



Where Everyone Has a Voice

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Young Adult Functional Social Thinking Training Program Summer 2009

June 29, 2009-August 7, 2009 (M-Th only)

Participant's Name: _____

Date of Birth: _____ Last Grade Completed _____ Date _____

Parent/Guardian Signature: _____ date: _____

*signature indicates you have read and agree to the terms, fees, and conditions of the summer 2009 camp structure.

1. Please Download and fill out the Functional Training application form from our website @ www.elycenter.com

2. Please Include the following if available:

IEP

Speech/Language evaluation

Occupational Therapy evaluation

Neuro/psychological evaluation

3. Please send this form along with items listed in #1 and #2 above, along with an initial payment of \$200 (application fee and interview fee)

Checks payable to The Ely Center, LLC,
72 W Rowe St.,
Newton, MA 02466
