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CAMP CREATORS REGISTRATION FORM

Child's Name _____ Sex _____ Age _____
Date of Birth _____ Mother's Name _____ Father's Name _____
Address _____ Town _____ Zip _____
Home # () _____ Mother's Cell # () _____ Father's Cell # () _____
E-Mail _____

Please list any medical issues/medications or allergies that your child has:

Services at Abilities in Action (please circle): PT ST OT

Other therapies received outside of AIA: _____

What would you like to see your child do better?

Any other information we should know?

Location: Abilities in Action, 166 Patterson Avenue, Suite 8, Shrewsbury, NJ 07702

Sessions:

Tuesdays 11am-12pm, July 1-August 19, 2025 (8 sessions)
Cost: \$400

**Sessions are not billable to insurance. \$30.00 fee will be assessed for returned checks.*

ENROLLMENT CRITERIA

•Unfortunately, children are not eligible for our groups if they have self-injurious behaviors/aggression.

Signature: _____

Date: _____

**Mail completed enrollment form and check to:
Abilities in Action
166 Patterson Avenue, Suite 8
Shrewsbury, NJ 07702