

Innovative Therapy Services



Pediatric Speech and Language Clinic

Bumble Bees Registration

TUITION

Summer Camp weekly costs \$50.00. Tuition is all-inclusive and covers meals, field trips, as well as instruction and all course material. **Tuition for the entire cam for 4 weeks is \$400.00 and for 8 weeks is \$800.00(no discount for Bumble Bees as it is already discounted)**

1. CHOOSE A SESSION ***Check the session(s) you wish to attend** Your child is welcome to attend both sessions.*

_____ Session 1: June 13 – July 8

_____ Session 2: July 11 - August 5

2. CAMPER AND PRIMARY CONTACT INFORMATION

Name of Student: _____	Date of Birth: _____	Age (at the time of camp): _____	
Name camper prefers to be called (if different): _____			
Name of School: _____	Grade: _____		
Name of Parent/Guardian/Primary Contact: _____			
Mailing Address: _____			
City: _____	State: _____	Zip Code: _____	
Home Phone: _____	Cell Phone: _____	Work Phone: _____	
Email address you check frequently: _____			
Best way to contact you? (Circle one)	Home Phone	Cell Phone	Email
<input type="checkbox"/> Please send my paperwork via US mail	or	<input type="checkbox"/> please send my paperwork via email	

3. EMERGENCY CONTACTS (please provide two additional people, different from the parent/guardian listed above, who you would wish we contact in case of emergency).

Contact Name #1: _____ Relationship: _____

Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____

Contact Name #2: _____ Relationship: _____

Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____

4. SAFETY INFORMATION (please list all known conditions so we can accommodate your camper's needs)

Does your camper have any medical conditions, allergies, or special needs the staff should know about?

Does your camper have any behavioral or emotional issues the staff should know about?

Is your camper taking any medications to treat these conditions?

Is there anything else you would like us to know?

5. Please initial the following information:

1. _____ I understand as part of the registration for the PLSS program I must pay \$50.00 registration fee at the time of application, and that if my child is accepted into the program this amount will be applied to the last week session.
2. _____ I understand my child is to come in for a screening and if my child cannot make the appointment date provided by ITS I am to contact ITS within 24 hours to setup another appointment **(this screening does not apply to clients already receiving therapy at ITS).**
3. _____ I understand that by agreeing to this screening that I have agreed to register my child for the Summer Program and I am responsible for the total 4 or 8 weeks **cost if my child is accepted into the program.**
4. _____ I understand that ITS will not bill me for the total cost of the summer **camp if upon my receipt of the acceptance letter I notify ITS in writing within seven business days of my intent** to not enroll my child in the program. However if ITS does not receive the notification within seven business days I will be responsible for 30% of the program cost and if ITS receive withdrawal notification in **May or June** I am responsible for entire program cost (this part does not apply to students on wait list).
5. _____ I understand that a check for \$50.00 or a credit card payment must be submitted along with this form to Innovative Therapy Services.

I, the parent of _____, authorize ITS to conduct a screening on _____ for the sole purpose of enrolling my child in the PLSS program. I understand the screening is free and the report will only be provided on the orientation day. I understand the \$50.00 is the registration fee, which is applied to the last week session.

All current clients do not need screenings, but you must turn in the \$50.00 registration!

Parent signature: _____

Date: _____

Printed Name