Innovative Therapy Services

Pediatric Speech and Language Clinic

Pride in Learning Social Skills Summer Camp 2014

Session 1: Week of June 16- July 7
Session 2: Week of July 14 – August 4

Thank you for your interest in attending our PLSS summer day camp! Please read the following carefully. *Summer Camp enrollment is first come, first served.* All campers must be screened to be sure that our camp will be appropriate for the camper. These groups run twice a week for 4 weeks.

Camp Levels
- o   Bumble Bees -skills ages 3 to 4
    - o   Explorers- skills ages 5 to 6
    - o   Defenders -skills ages 7 to 9
- o   Navigators –skills ages 10 to 12
- o   Apprentices –skills ages 12 to 15

We will notify each applicant regarding enrollment status as soon as possible, typically within three weeks of receiving your complete application. If your camper's particular session, age group is full, we will attempt to place the camper in the waiting list in the event a camper does not attend. We will send you a confirmation email and the **return paperwork packet**.

IMPORTANT: If you don't hear from us within three weeks of submitting your application, it may be incomplete; please contact us to find out what is missing!

TUITION
Summer Camp weekly costs $417. Tuition is all-inclusive and covers meals, field trips, as well as instruction and all course material.
$1668 for the entire session enrolled (additional 3% discount if tuition is paid in full)

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1. CHOOSE A SESSION
• Circle the session you wish to attend.

_____Session 1: June16 –July 7 _____Session 2: July 14- August 4 _____

2. CAMPER AND PRIMARY CONTACT INFORMATION

Name of Student:_____ Date of Birth: _____ Age(at the time

of Camp): _____

Name you prefer 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**

θ Please send my paperwork via US mail   *or*   θ Please send my paperwork via email

3. EMERGENCY CONTACTS (please provide two additional people, different from the

parent/guardian listed above, who would automatically be the first person we contact)

First Contact's Name: _____ Relationship:

_____

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

Second Contact's Name: _____ Relationship:

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2

_____

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 $417 dollars and that if my child is accepted into the program this amount will be applied to the last week session. However, if my child is not accepted into the program I will not be billed for the program and my $417 will be refunded.

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 8 weeks **cost if my child is accepted into the program**. 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).

4. _____I understand that a check for $417.00 or a credit card payment must be submitted along with this form to

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 $417.00 is the registration fee, which is applied to the last week session.

Parent signature: _____   Date: _____

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3