

# Innovative Therapy Services



## *Pediatric Speech and Language Clinic*

### **Pride in Learning Social Skills Summer Camp Registration Form**

#### **Camp Dates & Times (dates are subject to change)**

**Session 1: Week of June 20<sup>th</sup> – Week of July 14<sup>th</sup>**  
**Session 2: Week of July 18<sup>th</sup> – Week of August 11<sup>th</sup>**

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. Due to COVID-19 restrictions our toddler/preschool group now runs twice a week T/Th and all of the other groups run M-TH for 2 hours. All campers must be screened to be sure that our camp will be appropriate for the camper. Each group runs M-TH a week for 4 weeks. We offer each group in two sessions, lessons will change if the same campers enroll in both sessions. However, if we enroll new campers, we will repeat similar lessons from the previous sessions.

#### **Camp Levels (tentative & times)**

- **Bumble Bees -skills ages toddler to preschool (9:00am to 11:00 am)**
- **Explorers- skills ages 5 to 8 (1:00pm to 3:00 pm)**
- **Defenders- skills ages 9 to 11 (1:00pm to 3:00pm)**
- **Navigators –skills ages 11 to 14 (4:00pm to 6:00 pm)**

We will notify each applicant regarding enrollment status as soon as possible, typically on the same day or a week after the screening. If your camper's 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, please contact us to find out what is missing!***

#### **TUITION**

Take advantage of our huge discount today! Summer Camp weekly costs \$500.00. Tuition is all-inclusive and covers meals, field trips, as well as instruction and all course material. The entire camp for 4 weeks is \$2000.00. However, if the client pays in full three weeks prior to start of the camp, the cost is \$1668, if the client pays in full during the first week of the start of the camp the cost is \$1,868.00.

**If you pay the entire tuition after the first week of the camp, you will be billed \$2000.00.**

# Innovative Therapy Services



## 1. CHOOSE A SESSION *\*\*Check the session(s) you wish to attend\*\**

\_\_\_\_\_ Session 1

\_\_\_\_\_ Session 2

## 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) <b>Home Phone</b> <b>Cell Phone</b> <b>Email</b>			
<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 \$500.00 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. However, if my child is not accepted into the program I will not be billed for the program and my \$500.00 registration fee 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 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 **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 \$500.00 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 \$500.00 is the registration fee, which is applied to the last week session.

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name