

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 19th – Week of July 10th

Session 2: Week of July 17th– Week of August 7th

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. All 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)

- **Explorers- skills ages 5 to 7 (10:00am to 1:00 pm)**
- **Defenders- skills ages 8 to 10 (1:30pm to 3:30pm)**
- **Navigators –skills ages 11 to 14 (4:00pm to 6:00 pm)**

We will notify each applicant regarding the enrollment status as soon as possible, typically on the same day or a week after the screening. You will only receive your child's report/goals and camp paperwork (calendar, sample activities only if your child is accepted in the camp and you have either paid the deposit or the entire fees). We will not send the report or event calendar if your child is not accepted or if you have chosen not to enroll in the camp.

IMPORTANT: We have included sample pass Calendar of events with this registration package.

Take advantage of our huge discount today!

TUITION FOR EACH CAMP SESSIONS (this discount is for either session 1 or session 2, not combined)

- Summer Camp weekly costs is \$600.00.
- Tuition is all-inclusive and covers meals, field trips, as well as instructional materials.
- The entire camp for 4 weeks is \$2,400.00.
- However, if the entire camp fees are paid by April 15th, 2023, there is a 10% discount. There will be no other discount applied after April 15th of for each camp session, so please do not ask!

Discount for enrolling in both session 1 and 2 camp

- If your child enrolls for both sessions and payment for both sessions is received by May 1st, 2023, you will pay only \$4000.00
- Please note after May 1st such discount will not apply. However, if your child enrolls in both sessions and we receive the payments for both session 1 & 2 prior to June 19th a 6% discount will be applied to both session 1 and session 2

camp. *There will be no other discount, after June18th for either camp. Please don't ask*

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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) 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 \$600.00 registration fee at the time prior to my child's screening day.
2. _____ If my child is accepted into the program this amount will be applied to applied to the 2,400 **fee**. However, if my child is not accepted into the program the \$600.00 fee will be refunded. I will not receive any written report or current camp schedule of events or activities.
3. _____ 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**). **Current ITS clients must complete this form and pay for their slots (\$600.00 or the entire 2,400.00**
4. _____ 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.**
5. _____ 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.
6. _____ If ITS does not receive a written notification within seven business days, I will be responsible for 50% of the program (no exceptions).
7. _____ If ITS receive withdrawal notification (must be in writing) **8 days to 2 weeks after my receipt of the acceptance letter, my intent to not enroll my child in the program, I will be responsible for 60% fees** of the camp cost, no exception.
8. _____ **I am responsible for the entire program cost (this part does not apply to students on wait list), if upon my receipt of the acceptance letter, I do not notify ITS in writing after two weeks of my intent to not enroll my child in the program.**
9. _____ I understand that a check for \$600.00 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 (child's name) _____

_____ 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 \$600.00 is

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

Parent signature: _____

Date: _____

Printed Name