



Impressions Pediatric Therapy SPEECH CAMP 2018 Summer Registration Form

Please indicate which camp week(s) your child will be attending:

IPT Speech Camp	Finger Fun Group
<input type="checkbox"/> Week 1: July 9 th – 13 th (\$260)	<input type="checkbox"/> Week 1: July 9 th – 13 th (\$100)
<input type="checkbox"/> Week 2: July 16 th – 20 th (\$260)	<input type="checkbox"/> Week 2: July 16 th – 20 th (\$100)
<input type="checkbox"/> Week 3: July 23 rd – 27 th (\$260)	<input type="checkbox"/> Week 3: July 23 rd – 27 th (\$100)
<input type="checkbox"/> Week 4: July 30 th – August 3 rd (\$260)	<input type="checkbox"/> Week 4: July 30 th – August 3 rd (\$100)
<input type="checkbox"/> Week 5: August 6 th – 10 th (\$260)	<input type="checkbox"/> Week 5: August 6 th – 10 th (\$100)

CHILD INFORMATION									
Last Name:		First:			Gender:				
Street Address:						Apt/Unit #:			
City:				State:		Zip:			
Date of Birth:			Age:		Grade:				
School:									
Physical &/or Dietary Restrictions:									
Medications given (at home):									
Allergies: If "yes," please explain		Yes		No					
Has your child ever had a seizure? (circle): If "yes," please explain				Yes		No			
Areas of Special Need:									
Does your child currently receive therapy @ Impressions? (circle):						Yes		No	
PARENT AND EMERGENCY INFORMATION									
Full Name Parent/Guardian #1:				Relationship:					
Home Phone:		Work Phone:			Cell Phone:				
Email address:									
Full Name Parent/Guardian #2:				Relationship:					
Home Phone:		Work Phone:			Cell Phone:				
Email address:									

Emergency Contact: <u>Full Name & Relationship</u>		Phone:	
Person #1 authorized to pick up child & relationship:			
Person #2 authorized to pick up child & relationship:			
Physician's Name:		Phone:	

PLEASE NOTE THE FOLLOWING POLICIES / PROCEDURES:

1. Your child's registration and reports/IEP will be reviewed. You will be notified of the need for additional information or an observation.
2. A **non-refundable** registration fee of \$25.00 is due with registration to reserve a space for your child; balance **must be paid** prior to the Monday of the camp week. No refunds are given for any reason after payment is made, including absence due to illness or vacation.
3. Registrations will be considered on a first come / first serve basis. IPT reserves the right to cancel any program due to insufficient enrollment.
4. Each attendee must submit proof of immunization with registration, which may be obtained from child's healthcare provider.
5. Camper pick-up after the designated time will result in additional charges. Late fee policy: Please plan to pick your child/camper up on time or arrange for an alternate person to pick them up in the event of weather, traffic, work-related or other emergencies. Parents picking up their child/camper after camp ends (12:00pm o 1:30pm) will be charged a late fee of \$1.00 per minute. Late fees are payable in cash upon pick up. Unpaid late pick up fees will be billed to the child's/camper's account balance. Upon three or more late pick-ups, a penalty of \$30 will be billed in addition to applicable per-minute fees.
6. IPT's Summer Camps are NOT reimbursable by insurance, but *may* qualify for HSA or Flex Spending Accounts.

PARTICIPATION AUTHORIZATION

I hereby approve participation of my child (_____) in IPT's Summer Program and consent to emergency treatment for my child, if necessary. To the best of my knowledge, there are no physical or other conditions that will interfere with my child's participation. I have read, understand and am in agreement with the late fee policy.

Parent / Guardian Signature

Parent / Guardian Name

Date

CREDIT CARD INFORMATION					
Credit Card Type:		Credit Card Number:			
Expiration Date:		3-digit:		Zip Code:	
Name on the Card:					