

11921 S. Dixie Hwy. Suite 207 Pinecrest, FL 33156

(305) 520-9463

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www.connecttherapyus.com



CAMP CONNECT APPLICATION SUMMER 2024

Camper

First Middle Initial Last Gender: Male Female
School Name Grade Birth date Age
Street Address
Town/City State Zip code Child's Main Contact#
Child lives with:
Person responsible for payment

Parent/Guardian - Contact Information

Parent/Guardian #1 First Last
Street Address (same as above)
Town/City State Zip Code Home Phone Cell phone
Email
Parent/Guardian #2 First Last
Street Address (same as above)
Town/City State Zip Code Home Phone Cell phone
Email

Emergency Contact Information - Alternate Pickup/Release

Emergency Contact #1
First Name Last Name Main Phone
Email Relation to child
Emergency Contact #2
First Name Last Name Main Phone
Email Relation to child
Please list those people including in addition to parents/guardians who are permitted to pick up your child:
1: 2: 3:

Medical Release Information

Insurance Information

Policy Number Name of Health Insurance Provider
Primary Physician Address
Phone Hospital Preference

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Table with 3 columns: Medical Problem, Required treatment, Should paramedic be called? (Yes/No)

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes No If yes, explain:

(cont. to next page)

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Is your child allergic to any type of food or medication?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Does your child require a special diet?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

### **MINI CAMP TUITION & PAYMENT:**

#### **Registration Fee:**

A \$120 registration non-refundable fee is due at the time of camp registration. This will include a camp t-shirt, materials, snacks and drinks. **Summer camp tuition fee is due by June 1st, 2024 either by cash, check, Zelle or credit card payment to guarantee a spot. Limited spots will be available.** If a camper's tuition is not paid they will not be able to attend camp. The financially responsible party signing this form understands and agrees to follow the Tuition Payment and Fees Policy.

#### **Please select from the following summer session options:**

##### **PragLab - Mondays & Wednesdays 8:30am-12:30pm**

- Full 5 weeks 6/24/24-8/2/24 (not including July 4th week) \*\$50 Discount
- Week of 6/24/24 - \$300
- Week of 7/8/24 - \$300
- Week of 7/15/24 - \$300
- Week of 7/22/24 - \$300
- Week of 7/29/24 - \$300

**Camp Tuition SubTotal:** \_\_\_\_\_

##### **Reading Intensive Summer Excel (R.I.S.E.) - Tuesdays & Thursdays 8:30am-12:30pm**

- Full 5 weeks 6/24/24-8/2/24 (not including July 4th week) \*\$50 Discount
- Week of 6/24/24 - \$300
- Week of 7/8/24 - \$300
- Week of 7/15/24 - \$300
- Week of 7/22/24 - \$300
- Week of 7/29/24 - \$300

**Camp Tuition SubTotal:** \_\_\_\_\_

##### **PragLab & R.I.S.E. Mini Camp Mix - Mondays - Thursdays 8:30am-12:30pm**

- Full 6 weeks 6/24/24-8/2/24 \*\$100 Discount
- Week of 6/24/24 - \$500
- Week of 7/1/24 - \$400\*
- Week of 7/8/24 - \$500
- Week of 7/15/24 - \$500
- Week of 7/22/24 - \$500
- Week of 7/29/24 - \$500

**Camp Tuition SubTotal:** \_\_\_\_\_

*\*Week of July 4th a mini camp (3 days) will be a combination of PragLab and RISE camps.*

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**Terms of Agreement**

**Photo Release**

I hereby give permission for my child to be photographed during the Connect Therapy Summer Program. I understand the photos will be used to keep a journal of activities, to share during powerpoint presentations and/or reports and for promotional purposes including flyers, brochures, newspapers and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Connect Therapy Services LLC. and its affiliates.

Parent's/Guardian's Initials \_\_\_\_\_

Connect Therapy Services LLC. and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Director Signature: \_\_\_\_\_

**Participation Consent Form**

(REQUIRED)

I, the undersigned\*, hereby release discharge, indemnify, hold harmless and defend Connect Therapy Services LLC., its officers and employees from any and all liability (claims, demands, losses, causes of action, suits, judgements) of any kind that I or my family may have against Connect Therapy Services LLC. due to death, personal injury or illness, loss or damage to property, or future causes that occur during the 2024 Camp Connect Program. In the event of any medical emergency, I authorize and consent for Connect Therapy Services LLC. to act on behalf for medical care deemed necessary for the participant.

Name of Participant \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name of Parent \_\_\_\_\_ Email \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

\*Parent Signature \_\_\_\_\_

Contact Number \_\_\_\_\_

Date \_\_\_\_\_

For office use:

Application received on \_\_\_\_\_

Deposit received on \_\_\_\_\_

Camp Tuition received on \_\_\_\_\_

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