



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

(305) 520-9463

www.connecttherapyus.com

CAMP CONNECT APPLICATION SUMMER 2026

CAMPER INFORMATION

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 _____ Email _____
 Street Address (same as above) _____
 Town/City _____ State _____ Zip Code _____ Cell phone _____

Parent/Guardian #2

First _____ Last _____ Email _____
 Street Address (same as above) _____
 Town/City _____ State _____ Zip Code _____ Cell phone _____

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).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedics be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No

Connect Therapy Services

Speech & Language Disorders - Reading Disabilities - Diagnostics & Intervention

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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: _____
 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.

CAMPS TUITION & PAYMENT

Registration Fee:

A \$120/\$60 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 April 30th, 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:

CAMP CONNECT: RISE

Mondays - Thursdays 8:30am - 1:30pm

- () \$4500 - Full 8 weeks 6/08/2026 - 07/30/2026 *\$100 Discount
- () \$2250 - Session I - 6/8/2026 - 7/2/2026 *\$50 Discount
- () \$2250 - Session II - 7/6/2026 - 7/30/2026 *\$50 Discount

TOTAL: _____

CAMP CONNECT: The Reading Lab

- () \$2300 - Full 8 weeks 6/08/2026 - 07/30/2026 *\$100 Discount
- () \$1150 - Session I - 6/8/2026 - 7/2/2026 *\$50 Discount
- () \$1150 - Session II - 7/6/2026 - 7/30/2026 *\$50 Discount

TOTAL: _____

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 _____

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Liability/Medical Authorization Release

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

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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