



**Sensory Summer Program Registration 2023**

**PARTICIPANT INFORMATION** Please type or print legibly.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Parent email: \_\_\_\_\_

Please list ADA Accommodations needed: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Mother's day phone: \_\_\_\_\_ Father's day phone: \_\_\_\_\_

Mother's cell: \_\_\_\_\_ Father's cell: \_\_\_\_\_

Person's Authorized to pick up child: \_\_\_\_\_ (Please provide a copy of their ID)

Emergency contact\*: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

Specify any of your child's health problems: (use separate piece of paper if needed)  
Please list any allergies including food allergies your child has \_\_\_\_\_

Is your child on any medication? If so, please specify: \_\_\_\_\_

**Snack:** We will be providing a daily snack for your child but if you will be sending your child's snack, please be sure that your child's snack is clearly marked with your child's name and last name. Glass bottles/containers are not allowed.

**Payments:** Payment may be paid by cash or credit card and are due on the 1st day of each camp week.

**Summer Program WEEKLY Tuition:**

<b>Dates</b>	<b>Week (\$175)</b>
Week 1 July 10-July 14 <sup>th</sup>	
Week 2 July 17-21 <sup>st</sup>	
Week 3 July 24-28 <sup>th</sup>	
Week 4 July 31 <sup>st</sup> -August 4 <sup>th</sup>	
Week 5 August 7 <sup>th</sup> -11 <sup>th</sup>	
Week 6 August 14-18 <sup>th</sup>	
Week 7 August 21-25 <sup>th</sup>	

**Weeks Requested:** \_\_\_\_\_

**SIGNATURE OF PARENT OR GUARDIAN:** \_\_\_\_\_

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