



**Social Skills Summer Camp
Enrollment Form**

Camper's Name _____ Age _____
Parent(s)/Guardian(s) _____

****Participation Criteria:** All campers must be between 5-10 years old, independently mobile, have a communication system in place, toilet independently, and no self injurious behaviors or aggression.

Please check which camp(s) you would like to attend.

Interacting and Playing with Others

June 25th-28th

July 9th-12th

Understanding Emotions and Coping Skills

July 16th-19th

July 23rd-26th

Conversation skills

July 30th-Aug 2nd

Aug 6th-9th

****All camps are \$150 per week with a one time \$25 non-refundable enrollment fee.**

Please return application with payment to:

Behavior Solutions, Inc.

321 Copper Tree Ct.

O'Fallon, MO 63368

Phone/fax: 636-265-0407

apeeler@behaviorsolutions.com

*****Camp located at Howard Park Center 15834 Clayton Rd. Ellisville, MO 63011**

Camper Information

Camper's Name _____

Age _____ Diagnosis (if any) _____

Is camper verbal? _____ If not, what communication system is camper using? _____

Does camper have a medical condition that would require accommodations for participation in physical activity? _____ If so, please explain _____

Please list any allergies: _____

Does camper have any dietary restrictions or food allergies (a snack will be provided)? _____

Camper Likes _____

Camper Dislikes _____

Emergency Contact Information

Mother's Name	Father's Name
Address	Address
City/State/Zip	City/State/Zip
Place of Employment	Place of Employment
Best number to be reached at during camp Phone	Best number to be reached at during camp Phone
Other Phone	Other Phone
Other Phone	Other Phone

Emergency Contact Name	Phone #1	Phone #2
Emergency Contact Name	Phone #1	Phone #2

My child may be released to the following people (ID will be required):

Name _____

Name _____

Name _____

Name _____

I confirm that my camper is able to toilet independently and does not exhibit any significant aggression and/or self injurious behaviors (SIB). I understand that Behavior Solutions, Inc. reserves the right to dismiss my camper at anytime during the span of the camp should any significant aggression or SIB's occur that cannot be contained by camp staff. I further understand that should such an issue arise, I will be notified immediately.

Parent/Guardian Signature

Date

Emergency Medical Consent

I give my consent for an employee of Behavior Solutions, Inc. or Howard Park Staff to obtain medical attention for my child(ren)/ward(s) if this becomes necessary while under his/her supervision. Under these circumstances, I agree to assume financial responsibility for any medical treatment rendered. I understand in the event of an emergency, illness, or injury, I will be notified as soon as possible.

Parent(s)/Guardian(s) signature

Date

Parent(s)/Guardian(s) printed name