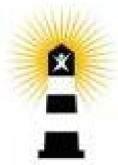


LIGHTHOUSE PROJECT

Providing Occupational and Speech Therapy Services for Children with Unique Learning Needs
Specializing in the Treatment of Asperger's, NLD and HFA

2008 Summer Camp Registration

Child's Name: ____ Age: _______________
Parent's Name(s): __________________________________ Relationship: __________________
__________________________________ Relationship: __________________
Address:
____
Street **City** **State** **Zip code**

Mom's Cell #: (_____)_________________ Dad's Cell #: (_____)_________________
Mom's Work #: (_____)_________________ Dad's Work #: (_____)_________________
Emergency Contact: _____________________________ Phone #: (_____)_________________

Please list your preferred camp choices:
Camp 1: ____ Dates: ________________
Camp 2: ____ Dates: ________________
Camp 3: ____ Dates: ________________
Alternate: ____ Dates:
____

A non-refundable deposit of 50% of the total camp cost is required at the time of registration. The remainder is due by the first day of camp.

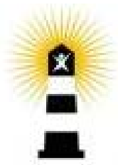
Camp Policies (please initial after your have read and understand the following):

________ The deposit is non-refundable. If you must cancel your child's registration, please give notification as soon as possible. There are **no refunds if cancellation occurs**
Initial **with-in two weeks prior to the date of chosen camp**. The full balance must be paid by the first day of camp.

________ In order to ensure that each child has a positive and safe experience, we may need
Initial to find an alternative camp for your child. If we find the information you provided is inaccurate or misleading, it will result in the removal of your child from the camp, and your deposit will be forfeited.

Please provide any additional information about your child's characteristics that you find helpful:

471 Division Street. Campbell CA, 95008 Tel:(408) 871-8711 Fax: (408) 871-8910
www.thelighthouseproject.com



LIGHTHOUSE PROJECT

Providing Occupational and Speech Therapy Services for Children with Unique Learning Needs
Specializing in the Treatment of Asperger's, NLD and HFA

___

___

___

Does your child have any allergies or dietary restrictions, or is he/she taking any medication? (If so, please describe and list the medications):

___

___

___

___

Photographs of your child may be taken during the camp. These photographs may be used for display or illustration purposes in the clinic or in educational settings. We request your permission to take and use photographs of your child. Please select your preference:

I give permission to use photographs of my child for the purposes stated above.
I do not want photographs of my child to be used in the clinic or educational settings.
I do not want photographs to be taken of my child.

Initial: ________

Please Check the Appropriate Box's and Provide Your Signature:

I give my permission to allow a Lighthouse Project employee to accompany my child to the
hospital by ambulance in the event of a medical emergency. **
I do not give my permission to allow a Lighthouse Project employee to accompany my child
to the hospital by ambulance in the event of a medical emergency.

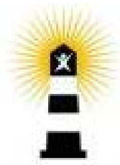
AND

I authorize emergency medical treatment for my child.
I do not authorize emergency medical treatment for my child.

**- In the unlikely event of an accident, Lighthouse Project will call 911 first (if necessary) and/ or immediately contact the parent or guardian to advise them of the situation.
If the parent or guardian is unable to arrive before transport by ambulance, a lighthouse Project employee will then accompany the child until the parent/ guardian does arrive at the hospital.

Parent Signature: ______________________________________ **Date:** ___________

471 Division Street. Campbell CA, 95008 Tel:(408) 871-8711 Fax: (408) 871-8910
www.thelighthouseproject.com



LIGHTHOUSE PROJECT

Providing Occupational and Speech Therapy Services for Children with Unique Learning Needs
Specializing in the Treatment of Asperger's, NLD and HFA

471 Division Street. Campbell CA, 95008 Tel:(408) 871-8711 Fax: (408) 871-8910
www.thelighthouseproject.com