



LIGHTHOUSE PROJECT

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

2010 Summer Camp Registration

Child's Name: Age:
Parent's Name(s): Relationship:
Relationship:

Address: Street City State Zip code

Parent's Cell #: Parent's Cell #:
Parent's Work #: Parent'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.

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

Blank lines for providing additional information.

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

Blank lines for describing allergies or 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: _____



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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.

****NOTE-** 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:** _____

-Please Mail this registration form, along with the liability release and 50% payment to register your child immediately. Space in the camps are limited.

-You may also Fax the registration and liability form to the number below and pay the deposit by credit card over the phone.

(None of the information above will be shared or used with parties other than Lighthouse Project staff without the parent's permission)

**NOTE....Please send your child to camp with a bag lunch each day. We have a refrigerator and a microwave and will provide light, healthy snacks through-out the day.
*Thank you!***