



Sensory Summer Program Registration 2025

PARTICIPANT INFORMATION Please type or print legibly.

Last Name: _____ First Name: _____

Age: _____

Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Telephone: _____

Parent email: _____

Please list ADA Accommodations needed: _____

Parent's name: _____ Parent's name: _____

Parent's day phone: _____ Parent's day phone: _____

Parent's cell: _____ Parent'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:

Dates	Week (\$185)	3-Days a Week Monday, Wednesday, Friday (\$111)
Week 1 July 7-11 th		
Week 2 July 14-18 th		
Week 3 July 21 st - 25 th		
Week 4 July 28 th - 31 st		
Week 5 August 4-8 th		
Week 6 August 11-15 th		
Week 7 August 18 th - 22 nd		

Weeks Requested: _____

SIGNATURE OF PARENT OR GUARDIAN: _____

Date: _____