



NHWS's 2018 Summer Camp Registration Form

AGES	PROGRAM	DATES/COSTS
8-12 Years old	Playground Sports 8:30 -11:30 a.m.	<input type="checkbox"/> 6/25 to 6/29 (\$350) <input type="checkbox"/> 7/9 to 7/13 (\$350) <input type="checkbox"/> 8/6 to 8/10 (\$350)
4-6 Years old	Let's Play Group 5 themed days Under the sea, Mad Science, Fun and Fitness, Buggin' Out, and Adventureland 8:30 - 11:30 am	<input type="checkbox"/> 6/25 to 6/29 (\$325) <input type="checkbox"/> 7/9 to 7/13 (\$325) <input type="checkbox"/> 8/6 to 8/10 (\$325)
7-9 Years old	Let's Play Group 5 themed days Under the sea, Mad Science, Fun and Fitness, Buggin' Out, and Adventureland 12:30 - 3:30 pm	<input type="checkbox"/> 6/25 to 6/29 (\$325) <input type="checkbox"/> 7/9 to 7/13 (\$325) <input type="checkbox"/> 8/6 to 8/10 (\$325)
14-18 Years old	Summer Outings Bowling and Lunch Pick one outing or all! 11:00 - 1:00pm	<input type="checkbox"/> 7/2 (\$50) <input type="checkbox"/> 8/13(\$50) <input type="checkbox"/> 8/20 (\$50)
All	Lunch Bunch 11:30 a.m to 12:30 p.m. Offered each camp day	<input type="checkbox"/> \$50 (\$10 per day)

Patient / Parent Information

Childs Name: _____ Gender M F DOB: _____

Age: _____ Grade: _____ School Name: _____

Address: _____ City _____ State _____ Zip _____

Parent One Name: _____ Cell _____

Work _____ Email _____

Parent Two Name: _____ Cell _____

Work _____ Email _____

Emergency Contact _____

Name: _____ Phone _____

Relationship to child _____

Persons authorized to pick up child:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Background Information

Physical and/or Dietary restrictions: _____

Allergies Yes No If yes, please explain:

Medications: _____

Has your child ever had a seizure? Yes No If yes, please explain:

Areas of special Need?

Does your child have an IEP? Yes No If so, a copy **must** be provided so goals can be addressed.

Does your child have a diagnosis? Yes No If yes, what diagnosis?

Does your child engage in the following behaviors?

Non-compliance: Yes No If yes, explain

Tantrum: Yes No If yes, explain

Aggression: Yes No If yes, explain

Running away: Yes No If yes, explain

Self injurious behavior: Yes No If yes, explain

Stereotypical behaviors (hand flapping, flicking, toe walking, rocking, twirling, Etc.) Yes No

If so, explain _____

Other behaviors not listed above? _____

Does your child have difficulty with transitions or changes in routine? Yes No

Does your child make transitions to the next activity when directed? Yes No

Does your child accept interruptions or unexpected changes? Yes No If no, please explain:

Does your child follow verbal directions? Yes No If no, please explain:

Does your child play cooperatively with peers? Yes No If no, please explain:

Does your child have the ability to calm him/herself when upset? Yes No If no, please explain:

Is there anything us you would like us to know about your child?

PLEASE NOTE THE FOLLOWING POLICIES / PROCEDURES

1. If your child is a current or former client of NHWS there is no charge for the screening. Prior to participation a screening must be completed for all new campers. New camper's registration fee of \$35.00 is due with registration.
2. Your child's registration and reports/IEP's will be reviewed. You will be notified of the need for additional information or an observation.
3. A non-refundable **deposit of one-half the balance** is due with registration to reserve a space for your child; balance **must be paid** on or before **May 11, 2018**. No refunds are given for any reason after payment is made, including absence due to illness or vacation.
4. Registrations will be considered on a first come / first served basis. NHWS reserves the right to cancel any program due to insufficient enrollment.
5. Additional charges apply for children who require 1:1 assistance, which may be determined before the start of summer programs.
6. Camper pick-up after the designated time will result in additional charges, \$35.00 for every 15 minutes.
7. NHWS's camps are NOT reimbursable by insurance, but may qualify for HAS or Flex Spending Accounts. It is your responsibility to find out if these accounts qualify.
8. Parents are responsible for supplying snacks, drinks, and extra change of clothes if needed. Please label everything with your child's name.
9. If a camper does not abide by the camp rules, is disruptive, violent, or poses a threat to the safety of the camp, students and/or staff, the camp director reserves the right to contact the parent or guardian and remove the child from the camp for the day. Camp fees will not be refunded.

Participation Authorization

I hereby approve my child (_____) in NHWS's Summer Programs and consent to emergency treatment for my child, if necessary. To the best of my knowledge there are no physical or other conditions that will interfere with my child's participation.

Parent / Guardian Signature

Print Parent/Guardian Name

Date

NHWS's Summer Program assumes no liability for injury or damages arising from the result of participation in activities unless due to willful fault or gross negligence on the part of NHWS's Summer Programs.

Registration Summary / Payment

Total amount due for New Camper Registration Fee (\$35.00)	\$ _____
Total amount due for Camp	\$ _____
Total amount due for Miscellaneous Fees (1:1 aide, Etc.)	\$ _____
Total amount due for Lunch Bunch 11:30-12:30 (\$10 per day)	\$ _____
Grand Total:	\$ _____

Payment Options:

Option A: Multi-Week Discount

✓ Registered for at least 2 weeks of NHWS camps

✓ And paid in full

\$minus (\$50.00)_____

New Total Due [multi-week discount with full payment]

\$ _____

Option B: Deposit

[Minimum must be at least 50% of program fees plus New Camper registration fee (\$35)]

\$ _____

BALANCE DUE BY (May 11, 2018)

\$ _____

Make checks payable to New Horizons Wellness Services, LLC. Visa, MasterCard, & Discover accepted. Please see attached Credit Card authorization form. If choosing payment option B, your credit card will be charged with remaining balance on **May 11, 2018**.

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover
Cardholder Name (as shown on card):
Card Number:
Security Code (CVC, CVV, CVV2, or CSC):
Expiration Date (mm/yy):
Cardholder ZIP Code (from credit card billing address):

I, _____, authorize **New Horizons Wellness Services, LLC** to charge my credit card above for agreed upon amount. I understand that my information will be shredded following this transaction on my account.

Customer Signature

Date

