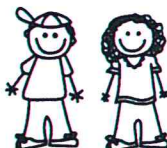


Please attach a recent photo of your child here.



## CREATIVE SPEECH SOLUTIONS, LLC

*Pediatric Therapy Center*

# Camp PAL 2013 Registration

## July 9th—August 15th

At Mt. Pleasant Elementary School, 11 Broadlawn Dr., Livingston, NJ 07039

(Thirteen minutes from the offices of Creative Speech Solutions, LLC)

Date of Registration: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Child's Birthdate: \_\_\_\_\_ Age as of June 30th, 2013: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Person to contact in an emergency if parent cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Person(s) other than parent authorized to pick child up from Camp PAL:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Medical Contact Information: Pediatrician: \_\_\_\_\_ Phone number: \_\_\_\_\_

Other Doctor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Formal diagnosis, if any: \_\_\_\_\_

Health Comments and History (allergies, asthma, medications, limitations, dietary restrictions, etc.):

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### CAMP PAL 2013 PAYMENT INFORMATION

- Campers may require a free comprehensive screening to determine group placement.
- Camp PAL deposits are due at time of enrollment. Child screenings/report review will not be conducted prior to deposit.
- All Camp PAL balances are due in full by June 1, 2013.
- Due to fixed cost and expenditures based on definite enrollment and dates, Camp PAL deposits and balance payments are non-refundable and non-transferable to other programs/therapy sessions at CSS.
- A 5% sibling discount per family will be credited to the youngest camper's tuition.
- Campers registering after June 1st are required to pay IN FULL at the time of registration.
- Camp PAL tuition is NOT eligible for reimbursement through any insurance carrier.

**Early Bird Registration: Register by March 30th and take \$50 off Camp PAL tuition.**

**1:30-4:30pm Tuesday, Wednesday, Thursday**

**\$450 per week (\$400 per week if registering for 3 or more weeks)**

- Week 1: July 9th—11th
- Week 2: July 16th—18th
- Week 3: July 23rd—25th
- Week 4: July 30th—August 1st
- Week 5: August 6th—August 8th
- Week 6: August 13th—August 15th

# of weeks \_\_\_\_\_ x \$\_\_\_\_\_ per week = \_\_\_\_\_

Deposit of \$100 per week total \_\_\_\_\_

**Camp PAL deposit (due at time of registration)**

- Check for deposit payable to Creative Speech Solutions, LLC, enclosed in the amount of \_\_\_\_\_
- Please charge the deposit to my credit card  Visa  Mastercard
- Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- Security Code (CVV): \_\_\_\_\_ Amount: \_\_\_\_\_
- Signature: \_\_\_\_\_

**Camp PAL balance (due by June 1, 2013)**

- I will mail a check made out to Creative Speech Solutions, LLC in the amount of \_\_\_\_\_
- Charge the credit card listed above (balance will be charged automatically on 6/1/13, unless payment is made before this date); Amount: \_\_\_\_\_

**FULL PAYMENT made at time of registration.**

- A check made out to Creative Speech Solutions, LLC, is enclosed in the amount of \_\_\_\_\_
- Charge the credit card listed above; Amount \_\_\_\_\_

**I HAVE READ, UNDERSTOOD AND I AGREE TO ALL THE TERMS OF ENROLLMENT ABOVE:**

Parents/Guardians Name(s) (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Creative Speech Solutions, LLC**  
151 Summit Avenue, Summit, NJ 07901  
908-598-0228  
www.creativespeechsolutions.com  
admin@creativespeechsolutions.com



# CREATIVE SPEECH SOLUTIONS, LLC

Pediatric Therapy Center

## CAMP PAL CHILD QUESTIONNAIRE

Date \_\_\_\_\_

Name of child \_\_\_\_\_ Nickname/Name child goes by \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Name of person completing form \_\_\_\_\_

Relationship to child \_\_\_\_\_

Your comments will help us to best meet your child's therapeutic needs. Please use information you know about your child as well as goals/objectives from his/her IEP (if applicable).

EXPRESSIVE/SOCIAL SKILLS	YES	NO	COMMENT (Write additional info on back of page)
Does your child show understanding of others' feelings (i.e., recognize nonverbal language such as body language, facial expressions)?			
Does your child use appropriate eye contact?			
Does your child respect personal boundaries (e.g., maintain appropriate distance from others)?			
Does your child request what he/she wants in an appropriate manner?			
Does your child comment about what he/she does or sees (e.g., "I am playing;" "Look, a truck!")?			
Does your child appropriately express his/her feelings verbally (e.g., "I am angry")?			
Does your child request help when needed in an appropriate manner?			
Does your child show that he/she likes someone in an appropriate way?			
Does your child inappropriately repeat what is said (i.e., echolalia)?			
Does your child talk to him/herself?			
Does your child perseverate (e.g., repeat actions, sentences, or talk about the same topic over and over)			



	YES	NO	COMMENT (Write additional info on back of page)
Does your child engage in scripting (i.e., reciting lines from books, movies, commercials)			
Is your child able to maintain a conversational topic?			
Is your child's speech easy to understand?			
<b>RECEPTIVE LANGUAGE</b>			
Does your child listen/pay attention when others are speaking?			
Does your child show that he/she understands the speaker by responding appropriately?			
Does your child seem to understand directions and follow them? How many steps? ___1___2___3 or more			
<b>INTERACTIVE PLAY</b>			
Does your child show interest in playing with peers?			
Does your child ask other children to play or extend an invitation to others to join in his/her activity?			
Does your child share toys with peers?			
Does your child know how to play games?			
Does your child play games appropriately with peers?			
Does your child accept not being first at a game or activity?			
Does your child wait his/her turn when playing a game with others?			
Does your child become very upset or angry if he/she loses a game?			
<b>EMOTION AND BEHAVIOR</b>			
Does your child easily separate from his/her parent(s)/caregiver?			
Does your child seem comfortable in social situations such as parties?			
Does your child demonstrate impulsive behavior?			
Is your child easily distracted, particularly in a group setting?			
Does your child have difficulty maintaining attention during structured tasks?			
Is your child able to calm him/herself			

when he/she is upset?	YES	NO	COMMENT (Write additional info on back of page)
Does your child use appropriate ways to express his/her anger or frustration?			
Does your child persevere when tasks are difficult?			
Does your child become upset easily when he/she makes a mistake?			
Does your child accept changes in routine?			
Does your child transition (e.g., change from one activity to another) easily when directed?			
Does your child's school or classroom utilize a point or reward system? If yes, please describe.			
Has your child had any incidents of physical aggression towards others and/or self-injurious behavior at school, home or community during the last 12 months? If yes, please describe.			
<b>FINE/GROSS MOTOR</b>			
Does your child demonstrate difficulty with self-help skills (i.e., feeding, dressing, toileting)?			
Does your child have difficulty writing or staying in the lines while coloring?			
Does your child have a weak grasp on a pencil/crayon/scissors?			
Does your child bump into things or fall down more than other kids his/her age?			
Does your child have any physical limitations?			
<b>SENSORY PROCESSING</b>			
Does your child exhibit self-stimulatory behaviors (e.g., hand flapping, spinning, rocking, etc.)?			
Does your child have any specific sensory needs (e.g., does not like getting messy, does not like loud sounds or bright lights, craves hugs/tickles)?			
Does your child like swings?			
Is your child a "picky eater?"			

Please describe your child's school setting (e.g., mainstream classroom, integrated preschool, self-contained classroom, ABA program). If your child has a shadow/aide at school, please indicate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child receive therapy services in or out of school (e.g., speech, occupational or physical therapy; tutoring/resource services)? If yes, please describe, including areas addressed (e.g., balance, coordination, expressive language, articulation, reading) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

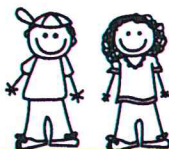
Please specifically describe your child's expressive language ability (e.g., conversational, one word answers, 3 word phrases, nonverbal, etc.) \_\_\_\_\_  
\_\_\_\_\_

Please describe any challenges at home/school/in the community: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate your child's interests and favorite activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you feel are the most important skills for this child to work on at Camp PAL? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you feel we should know about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## CREATIVE SPEECH SOLUTIONS, LLC

*Pediatric Therapy Center*

### RELEASE

For good and valuable consideration, the receipt of which is hereby acknowledged, I hereby consent to the photographing of my child and the recording of my child's voice and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage. I further consent to the reproduction and/or authorization by Creative Speech Solutions, LLC to reproduce and use said photographs and recordings of my child's voice.

I hereby release Creative Speech Solutions, LLC, and any of its associated or affiliated companies, their directors, officers, agents, employees and customers, and appointed advertising agencies, their directors, officers, agents and employees from all claims of every kind on account of such use.

If the child is under 18, I \_\_\_\_\_, am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_