

Please attach a recent photo of your child here



## CREATIVE SPEECH SOLUTIONS, LLC

*Pediatric Therapy Center*

# Camp PAL 2019 Alumni Camper Registration July 9th—August 15th

At Briarwood Elementary School, 151 Briarwood Rd., Florham Park, NJ

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

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

Child's Birthdate: \_\_\_\_\_ Age as of June 30th, 2019: \_\_\_\_\_

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 2019 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, 2019.
- 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.**

**Camp PAL - 1:30-4:30pm Tuesday, Wednesday, Thursday**  
**\$495 per week (\$450 per week if registering for 4 or more weeks)**  
***Each camper must register for a two-week Camp session minimum.***

Camp PAL Session 1

- Week of July 9<sup>th</sup> - 11<sup>th</sup>  
 Week of July 16<sup>th</sup> - 18<sup>th</sup>

Camp PAL Session 2

- Week of July 23<sup>rd</sup>- 25<sup>th</sup>  
 Week of July 30<sup>th</sup> - August 1<sup>st</sup>

Camp PAL Session 3

- Week of August 6<sup>th</sup> - 8<sup>th</sup>  
 Week of August 13<sup>th</sup> - 15<sup>th</sup>

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

Total for Camp PAL 2019 \_\_\_\_\_

**Camp PAL deposit** (\$100 per week **due at time of registration**) **Total deposit \$\_\_\_\_\_**

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, 2019)**

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 6/1/17, 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

*Pediatric Therapy Center*

# Camp PAL 2019 Lunch Bunch Registration July 9th—August 15th

At Briarwood Elementary School, 151 Briarwood Rd., Florham Park, NJ

### What is Lunch Bunch?

Lunch Bunch is an optional hour-long extension of CAMP PAL where campers bring a healthy lunch and enjoy a social time with their peers, followed by play time on the playground or in the gym. Supervision is provided by one of our Camp PAL lead therapists and interns. Children are required to bring a **NUT FREE** lunch with them each day. Drop off for Lunch Bunch will be at the side door. Parents are asked to park and walk their child to the entrance, where a Camp PAL staff member will greet them.

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

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

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

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

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

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

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

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

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**Lunch Bunch 2019 PAYMENT INFORMATION**

- All Lunch Bunch payments are due in full by June 1, 2019.
- Registration after June 1, 2019 is contingent on availability.

**Lunch Bunch - 12:30-1:30pm Tuesday, Wednesday, Thursday**  
**\$45 per week (\$15 per hour)**

***Each camper must register for a full-week Lunch Bunch session during a Camp PAL week they are registered for.***

Camp PAL Session 1

- Week of July 9<sup>th</sup> -11<sup>th</sup>
- Week of July 16<sup>th</sup> – 18<sup>th</sup>

Camp PAL Session 2

- Week of July 23<sup>rd</sup>- 25<sup>th</sup>
- Week of July 30<sup>th</sup> – August 1<sup>st</sup>

Camp PAL Session 3

- Week of August 6<sup>th</sup> – 8<sup>th</sup>
- Week of August 13<sup>th</sup> – 15<sup>th</sup>

# of Lunch Bunch weeks \_\_\_\_\_ x \$ 45 per week = \_\_\_\_\_

Total for Lunch Bunch 2019 \_\_\_\_\_

**Lunch Bunch Payment due by June 15th (payment in full due at time of registration) Total \$\_\_\_\_\_**

Check for payment 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: \_\_\_\_\_

**Payment for Lunch Bunch is non-refundable**

**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

*Pediatric Therapy Center*

### CAMP PAL ALUMNI QUESTIONNAIRE

Date: \_\_\_\_\_  
Name of child: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Name of person completing form: \_\_\_\_\_

Please fill out the following questionnaire in order to update our information on your child and better assist us in meeting his/her individual needs. Please use information you know about your child as well as goals/objectives from his/her IEP (if applicable). The more specific you can be the better so that we can address the areas that your child needs most.

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

Please describe your child's receptive language ability (e.g., follows 1, 2, 3 step directions, responds to his name, understands 'who, what, where, why, when' questions): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your child's literacy skills and challenges (e.g., reading levels, sound-letter correspondence, identify upper/lower case letters, reads sight words, etc.):

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Please describe your child's fine and gross motor skills and challenges; (e.g., pencil grasp, can they write letters/numbers, physical limitations, etc.):

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Please describe any language/social challenges at in the home/school/community:

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Please indicate your child's interests and favorite activities:

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What do you feel are the most important skills for this child to work on during Camp PAL?(please be specific):

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

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Are there any changes in your child from last year that you feel we should know about?

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**CREATIVE SPEECH SOLUTIONS, LLC**

*Pediatric Therapy Center*

**PHOTO AND VIDEO 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: \_\_\_\_\_