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CREATIVE SPEECH SOLUTIONS, LLC

Pediatric Therapy Center

Camp PAL 2019 Registration for New Campers 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.):

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 9th -11th
- Week of July 16th - 18th

Camp PAL Session 2

- Week of July 23rd- 25th
- Week of July 30th - August 1st

Camp PAL Session 3

- Week of August 6th - 8th
- Week of August 13th - 15th

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.):

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 9th -11th
- Week of July 16th – 18th

Camp PAL Session 2

- Week of July 23rd- 25th
- Week of July 30th – August 1st

Camp PAL Session 3

- Week of August 6th – 8th
- Week of August 13th – 15th

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 CHILD QUESTIONNAIRE FOR NEW CAMPERS

(Updated 1/29/2019)

Date _____
 Name of child _____ Nickname _____
 Date of Birth _____ Age _____
 Name of person completing form _____
 Relationship to child _____
 Class/school description _____
 Diagnosis (if any) _____

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 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 engage in scripting (i.e., reciting lines from books, movies, commercials)			
Can your child sit in a small group and attend to an activity?			
Is your child able to maintain a conversational topic?			
Is your child's speech easy to understand?			
Additional comments, strengths, concerns _____ _____			

RECEPTIVE LANGUAGE	YES	NO	COMMENT (Write additional info on back of page)
Does your child listen/pay attention when others are speaking?			
Does your child accurately answer yes/no questions?			
Does your child accurately answer "who", "what", and "where" questions?			
Does your child accurately answer "when" and "why" questions?			
Does your child seem to understand directions and follow them? How many steps? ___ 1 ___ 2 ___ 3 or more			
Additional comments, strengths, concerns _____ _____			

INTERACTIVE PLAY	YES	NO	COMMENT (Write additional info on back of page)
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 play games appropriately with peers?			
Does your child accept not being first at a game or activity and/or losing a game?			
Does your child wait his/her turn when playing a game with others?			
Additional comments, strengths, concerns _____			

LITERACY	YES	NO	COMMENT (Write additional info on back of page)
Can your child identify upper case letter? Which ones?			
Can your child identify lower case letters? Which ones?			
Does your child read sight words? Which ones?			
If your child is reading, what grade level are they reading at?			
Does your child know letter/sound correspondence?			
Can your child answer wh-questions about information he/she reads?			
Can your child tell a story with sequencing and details?			
Does your child receive literacy support in school? If yes, what?			
Additional comments, strengths, concerns _____			

EMOTION AND BEHAVIOR	YES	NO	COMMENT (Write additional info on back of page)
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?			
Does your child have difficulty maintaining attention during structured tasks?			
Is your child able to calm him/herself when he/she is upset?			
Does your child use appropriate ways to express his/her anger or frustration?			
Does your child shut down or become upset when tasks are difficult?			
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.			
Additional comments, strengths, concerns _____			

FINE/GROSS MOTOR	YES	NO	COMMENT (Write additional info on back of page)
Does your child demonstrate difficulty with self-help skills (i.e., feeding, dressing, toileting)?			

Can your child write their name? Do they use uppercase, lowercase, or both? *(Please attach a writing sample if your child is 4 years old or older and can write letters. Please attach a coloring sample if your child is 3 or can't form letters yet.)			
Does your child have a weak/ immature grasp on a pencil/crayon/ scissors? Is his/her grasp awkward?			
Does your child switch hands while using 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?			
Additional comments, strengths, concerns _____ _____			

SENSORY PROCESSING	YES	NO	COMMENT (Write additional info on back of page)
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?"			
Is your child open to trying new foods?			
Additional comments, strengths, concerns _____ _____			

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, three-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? (please be as specific as possible) _____

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

PLEASE FILL OUT WRITING SAMPLE AND PHOTO VIDEO RELEASE BELOW (page 11 and 12).

Please provide a writing sample here (see Fine/Gross Motor section):



CREATIVE SPEECH SOLUTIONS, LLC

Pediatric Therapy Center

PHOTO 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: _____