

Please attach a recent photo of your child here



## CREATIVE SPEECH SOLUTIONS, LLC

*Pediatric Therapy Center*

# Camp PAL Registration

At Southern Boulevard School, 192 Southern Blvd., Chatham, NJ

July 5<sup>th</sup> - August 11<sup>th</sup>, 2022

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

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

Child's Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

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: \_\_\_\_\_

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

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

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### **CAMP PAL 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. If a placement is not available, we will refund your deposit.
- All Camp PAL balances are due in full by June 2nd, or your placement may be forfeited at the discretion of the directors.
- 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 2nd are required to pay IN FULL at the time of registration.
- Camp PAL tuition is NOT eligible for reimbursement through any insurance carrier

**Camp PAL - 1:30-4:30pm Tuesday, Wednesday, Thursday**  
**\$495 per week (\$475 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 5<sup>th</sup> -7<sup>th</sup>  
 Week of July 12<sup>th</sup> - 14<sup>th</sup>

Camp PAL Session 2

- Week of July 19<sup>th</sup>- 21<sup>st</sup>  
 Week of July 26<sup>th</sup> - July 28<sup>th</sup>

Camp PAL Session 3

- Week of August 2<sup>nd</sup> - 4<sup>th</sup>  
 Week of August 9<sup>th</sup> - 11<sup>th</sup>

# of camp weeks \_\_\_\_\_ x \$\_\_\_\_\_ per week = \_\_\_\_\_ **Total for Camp PAL** \_\_\_\_\_

**Camper's T-Shirt Size:** Child's size XS \_\_\_\_\_ Child's size S \_\_\_\_\_ Child's size M \_\_\_\_\_  
Child's size L \_\_\_\_\_ Child's size XL \_\_\_\_\_

**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  Card on File

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security Code (CVV): \_\_\_\_\_ Amount: \_\_\_\_\_

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

**Camp PAL balance (due by June 2)**

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 6/2, 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*

**Video/Audiotape, Photograph  
Consent Form and Release  
Camp PAL**

I, \_\_\_\_\_, give consent for my child, \_\_\_\_\_  
(PRINT First & Last Name) (PRINT First & Last Name)

to be videotaped, audiotaped, or photographed by his/her treating therapist(s) at Creative Speech Solutions, LLC and used singularly or in conjunction with other video/audio recordings of my child's voice and or photographs for the following:

- so that photographs or videos of my child can be emailed or texted to me demonstrating activities my child participated in at camp
- for use in education/training sessions with other therapists at CSS.
- for the usage for camp related activities to be used solely during camp hours (e.g., making a video with peers, completing a craft activity) and not shared outside of camp
- advertising, publicity, or other business purposes including social media (Facebook, Instagram, etc.).

**I give consent to ALL OF THE ABOVE**

**I DO NOT give consent for my child to be videotaped, audiotaped, or photographed**

I hereby release Creative Speech Solutions, LLC, and any of its employees and colleagues from all claims of every kind on account of such use. I further consent to the reproduction and/or authorization by Creative Speech Solutions, LLC to reproduce and use said video/audio recordings of my child's voice and or photographs. I understand the above authorizations may be rescinded at any time when presented in writing by myself or other authorized legal guardians to Creative Speech Solutions, LLC.

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: \_\_\_\_\_

## CAMP PAL CHILD QUESTIONNAIRE

Name of child \_\_\_\_\_

Class/school description \_\_\_\_\_

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).

<b>EXPRESSIVE/SOCIAL SKILLS</b>	<b>YES</b>	<b>NO</b>	<b>COMMENT (Write additional info on back of page)</b>
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?			
<b>RECEPTIVE LANGUAGE</b>			
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			
<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 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?			
<b>LITERACY</b>			
Can your child identify upper case letter? Which ones?			
Can your child identify lower case letters? Which ones?			

	YES	NO	COMMENT (Write additional info on back of page)
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?			
<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?			
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.			
<b>FINE/GROSS MOTOR</b>			
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 their 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?			
<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?"			
Is your child open to trying new foods?			

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?(please be as specific as possible) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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