



Communicating with Symbols Camp Registration Form

Please mail, email, or fax all the forms to:

601 E Garfield St, Waterman, IL 60556, tinyvoicetherapy@gmail.com, Fax: 815-220-5435

Camper Information			
Child's Name	First Last		Gender ____M ____F
Date of Birth/Age/School	Date of Birth	Age	School
Home Address	Street		Apartment
	City		State Zip Code
Physical and/or Dietary Restrictions			
Allergies	__Y __N	If Yes, please explain:	
Medications given during the day/or at home			
Has your child ever had a seizure?	__Y __N	If Yes, please explain:	
Areas of Special Need			
Type of Communication Device	Make	Model	How long has child used the device
Parent/Guardian Information			
Parent/Guardian One	Name		
Phone Number	Home	Cell	Work
Email Address			
Parent/Guardian Two	Name		
Phone Number	Home	Cell	Work
Email Address			

Emergency Contact	Name Relationship	Phone
Persons authorized to pick up child	Name Relationship	
Physician Name	Name	Phone



Camp Registration: Select the desired weeks and time from the table below.

If you are unable to attend all 7 sessions, please check the dates you will be in attendance in the chart below.

Week	Date		Location and Time
1	6/7	<input type="checkbox"/>	Altitude Trampoline Park ** New location** 11:00-1:00 1600 Douglas Road, Oswego, IL 60543
2	6/14	<input type="checkbox"/>	Aurora Regional Fire Museum 10:00-12:00 53 N Broadway, Aurora, IL 60505
3	6/21	<input type="checkbox"/>	Peck Farm 10:00-12:00 4038 Kaneville Rd, Geneva, IL 60134
4	6/28	<input type="checkbox"/>	Tentative – Sycamore Family Fun Center 10:00-12:00 725 E State St, Sycamore, IL 60178
5	7/12	<input type="checkbox"/>	Blackberry Farm 10:00-1:00 100 S Barnes Rd, Aurora, IL 60506
6	7/19	<input type="checkbox"/>	Phillips Park Zoo 10:00-12:00 1000 Ray Moses Dr, Aurora, IL 60505
7	7/26	<input type="checkbox"/>	Farm Friends 10:00-12:00 45 W 134 Raymond Rd Big Rock, IL 60511

of sessions _____ x \$65 = \$ _____

If you are able to attend all 7 sessions, please check the prefer box below.

☐ All 7 sessions= \$375

*****In the event of inclement weather for our outdoor adventures, an alternative location will be in place and you will be notified through email of the new location/event*****

*****We also ask that at least one parent stays in attendance during the entire event*****

Publicity Release Form:

I authorize Tiny Voice Therapy Services to use a photograph or other image of my child for public relation purposes connected to this summer camp program and future programs associated with Tiny Voice Therapy Services. I understand that my child's name will not be published with an image.

Signature Parent/Guardian

Date



PAYMENT CONSENT

Tiny Voice Therapy Services will work with your insurance company for partial/all reimbursement fee for camp. We are only accepting Blue Cross Blue Shield PPO for camp. If you have Blue Cross Blue Shield, please fill this form out and provide a copy of the front and back of your insurance card.

Client Name: _____ Date of Birth: _____

Parent/Guardian: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Insurance Company Name: _____

Policy Holder Name: _____

Insurance Phone Number: _____ Policy Holder Date of Birth: _____

Identification Number: _____ Group Number: _____

I authorize the release of any medical or other information necessary to process my child's insurance claim between: my insurance/Third Party Payer and Tiny Voice Therapy Services.

Initials

I also acknowledge financial responsibility for services rendered by Tiny Voice Therapy Services and agree to pay insurance co-payments, deductible and/or other balances not paid for by insurance carrier. (Please note: If funds are available, TVTS will pay the balance not paid by the insurance carrier).

Initials

I also request payment of benefits be made to Tiny Voice Therapy Services.

Client/Guardian

Date



Permission and Liability Waiver:

My child, _____, has permission to fully participate in Tiny Voice Therapy Service's summer camp activities during the 2019 summer term. I, as a parent/legal guardian, do hereby grant the TVTS staff and designated adults the right to authorize emergency medical treatment for my child in the event that I or my designated representative cannot be reached. I agree to hold harmless Tiny Voice Therapy Service from liability resulting from an accident.

I hereby grant permission for staff to take whatever steps may be necessary to obtain emergency treatment for my child. These steps may include, but are not limited to, the following:

1. In a life-threatening emergency or urgent situation, staff will call 911 before making attempt to contact parents if parents are not around.
2. For a non-life threatening emergency, we will attempt to call the parent/guardian first if not present, and if we cannot reach them, we will attempt to contact the Emergency contact listed on the Emergency Information portion.

I understand that TVTS and staff will not be responsible for anything that may happen as a result of false information provided by parents/guardians, or as a result of the parent guardian's failure to provide information at the time of enrollment. I understand that staff will not administer drug or medication without specific written and signed instruction from the health care provider and/or the child's parent/guardian.

I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward of I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in this program/activity against Tiny Voice Therapy Services, including its officials, agents, volunteers and employees.

Enrollment for your child in TVTS's Summer Camp constitutes your agreement to this waiver.

I understand that all Emergency Information must be completed before my child may attend camp. I have read and understand all policy and procedural information.

Participant's Name _____

Participant's Signature _____
(18 years of older or Parent/Guardian)

Date _____



Communicating with Symbols Camp Policies

Registration:

- **Deadline for registration is Friday, May 31, 2019.**
- Please fill out a separate registration form for each child.
- After May 31, 2019, there is a registration fee of \$25.
- Any payments due will be determined the first week of camp.
- ***Please provide a copy of any recent speech-language evaluations and/or school Individualized Education Plans at time of registration***

Fees and Payment Schedule:

- Funding may be available towards partial or your entire registration fee.
- If we are working with your insurance company and if we have enough funds available, we will use the funds to cover the costs of co-pays or deductibles that the insurance does not pick up. If we don't have enough funds available to cover co-pay/deductibles, we will ask that you pay the remainder for camp registration.
- Tiny Voice Therapy Services accepts cash and personal checks payable to ***Tiny Voice Therapy Services.***

_____ Please check here if you are requesting for funds to pay for partial camp registration fee.

_____ Please check here if you will be paying for camp. (Please note: If there are enough funds available we will apply the funds to your registration).

Cancellation:

- Tiny Voice Therapy Services reserves the right to cancel any program if there is insufficient enrollment.
- Failure to cancel a session will result in a \$25 service fee.