

Total Language Connections, Inc.

Achieving Success in Communication

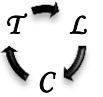
Natalie C. Atkinson, M.A. CCC-SLP
Company President &
Bilingual Speech-Language Pathologist

Brent Rogers
Business Director

1214 Ipswich Drive
Wilmington, DE 19808
Phone (302) 384-8363
Fax (302) 384-8368

T.L.C. SUMMER CAMP REGISTRATION FORM

Today's date:			
CAMPER INFORMATION			
Child's Last Name:		First:	Middle:
		Birthdate: / /	
Did <input type="checkbox"/> Yes <input type="checkbox"/> No	School enrolled in for 2012-2013 school year:		Grade:
			Age: Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Parent/Guardian 1:		Home Phone:	Cell Phone:
Email address:		()	()
Street address (if not same as child):		City:	State: ZIP Code:
Parent/Guardian 2:		Home Phone:	Cell Phone:
Email address:		()	()
Street address (if not same as child):		City:	State: ZIP Code:
How did you hear about us? (please check one box):			
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Close to home/work	<input type="checkbox"/> Yellow Pages <input type="checkbox"/> Other
Does your child have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No		Educational Classification:	
Other Program(s) currently involved in: <input type="checkbox"/>		<input type="checkbox"/> Reading Program	<input type="checkbox"/> Private Tutoring <input type="checkbox"/> ELL Services
<input type="checkbox"/> Highly Gifted Academic Program	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Speech-Language Therapy
Please provide information about this child so that we can best meet his/her needs:			
Academic Strengths:			
Academic Concerns/Areas of Need:			
Has this child ever received a psychological, neurological or developmental evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure			
Would you like your child to receive a speech-language screening and/or evaluation (at no extra cost) while enrolled in our program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure			



PAYMENT INFORMATION

Person responsible for bill:	Relationship to child:	Home Phone #: ()	Cell Phone #: ()
Billing Address (if different from above):		Employer phone no.: ()	

T.L.C. Summer Camp Prices & Discounts

Full Price: \$1295.00

Early Payment Discount: \$1036.00

Save 20% if full payment is received with registration forms by April 30, 2012

Returning Camper Discount: \$932.40 (if payment is received by March 31, 2012)

Will you be submitting full payment with this registration form? (A check must be submitted in the amount of \$1036 with this registration packet) Yes No

Payment Plans & Options are available – Contact us for more information

Please make checks payable to: Total Language Connections

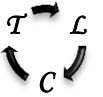
Cancellation Policy: We understand that outstanding circumstances do arise. Cancellation requests must be submitted by May 31, 2012, and will be reviewed for refund. It should be noted that the \$100 registration fee is non-refundable. Refunds will not be issued for any cancellation/refund requests made after this date.

The information provided above is accurate and true to the best of my knowledge. I understand that I am responsible for full payment by 6/19/2012.

Patient/Guardian signature

Today's Date

Mail registration packet & payment to: Total Language Connections, Inc.
Attention: TLC Summer Camp
1214 Ipswich Drive
Wilmington, DE 19808



EMERGENCY CARD

Child's Last Name:	First Name:	Birthdate: / /	Today's Date:
Does your child have any injuries, restrictions on physical activities, or dietary restrictions, etc., we should know about? (If yes, please explain below)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any allergies to food, medications, etc.? (If yes, explain below)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Food:	Reaction:	Treatment:	
Medication:	Reaction:	Treatment:	
Other:	Reaction:	Treatment:	
Current Medications:		For Treatment of:	Dosage:
Hospital Preference:			
Primary Care Physician:		Phone:	

IN CASE OF EMERGENCY			
Emergency Contact 1:	Relationship to child:	Home Phone : ()	Other Phone: ()
Emergency Contact 2:	Relationship to child:	Home Phone : ()	Other Phone: ()
Emergency Contact 3:	Relationship to child:	Home Phone : ()	Other Phone: ()

The above information is current (as of January 1, 2010) and true to the best of my knowledge. _____ (initial here)

Immunization Card

We must have a current record of most recent physical and immunizations for every child in our summer program. You may request an immunization record by contacting your child's primary care physician. If your child's card is on file, please send in a current record if there are updates.

Camp Medical Authorization and Liability Release

As parent or legal guardian of , I hereby give my permission to the Staff at TLC Summer Camp to pursue medical or surgical care for my above named child should the need arise. The permission may include transportation to and from a medical facility by a Faculty or Staff member or calling for an emergency medical service ambulance. An attempt will be made to contact the parents before any action is taken. I agree to accept any expenses incurred.

Patient/Guardian signature

Date

IMPORTANT: The safety and security of our students is of the utmost importance to us. Each camper **must** have a Summer Camp Emergency Info Form on file to attend TLC Summer Camp. Camp registration is not final until this form has been received.

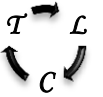


PHOTO CONSENT

Child's Name: _____

Today's Date: _____

_____ Yes, I give consent to Total Language Connections, Inc. to take photos of my child, and use them for the following purposes:

Please check all that you allow:

_____ therapy & TLC program activities (e.g. craft activity, communication book)

_____ future flyers and brochures

_____ our website

*Note: No names or personal information will be disclosed

_____ No, I do not give consent to Total Language Connections, Inc. to take photos of my child, for any use.

Parent Name (please print)

Parent/Guardian Signature

Date