

Child Information		
Last Name:	First Name:	Sex:
Street Address:		Unit #:
City:	State:	Grade:
Date of Birth:	Age:	Grade:
Physical/Dietary Restrictions:		
Medications given during the day/or at home: (A medical authorization form signed by your child's medical provider is needed if FITS is to give any medication(s))		
Allergies: YES <input type="checkbox"/> NO <input type="checkbox"/>	If "yes" please explain:	
Has your child ever been stung by a bee? YES <input type="checkbox"/> NO <input type="checkbox"/>	If "yes" please explain:	
Has your child ever had a seizure? YES <input type="checkbox"/> NO <input type="checkbox"/>	If "yes" please explain:	
Areas of special need(s)/Additional Comments:		
Parent Information		
<b>Parent/Guardian FULL Name:</b>		Relationship:
Home phone:	Work phone:	Cell phone:
Email Address:		
<b>Other Parent/Guardian FULL Name:</b>		Relationship:
Home phone:	Work phone:	Cell phone:
Email Address:		
Person #1 authorized to pick up child and relationship to child:		
Person #2 authorized to pick up child and relationship to child:		
Physician Name:		Phone Number:
<b>Emergency Contact Name:</b>	<b>Relationship:</b>	<b>Phone Number:</b>



FITS 2024 Summer Registration Form  
Please email the completed form to:  
Admin@FitsTherapy.com

**PLEASE NOTE THE FOLLOWING POLICIES / PROCEDURES:**

1. Your child's registration form, and any reports/IEP or medical reports will be reviewed. You will be notified if staff need additional information.
2. A \$50 registration fee is due upon completing registration to reserve a spot for your child. The remaining \$325 must be paid by the Monday of the summer camp week your child is attending. There will be a \$25 late registration fee applied to any campers registering the day of camp.
3. Drop in rates are available if needed, at the cost of \$95 each day. To schedule your child for drop in days or partial weeks, please speak directly to Amy.
4. Registrations will be considered on a first come / first served basis. FITS reserves the right to cancel any program due to insufficient enrollment or other extenuating circumstances.
5. Each attendee must submit proof of immunization and complete and sign COVID19 Liability Waiver, and COVID 19 protocols and procedure form when turning in the registration form.
6. Additional charges may apply for children who require 1:1 assistance, which may be determined before the start of summer programs, or once programs are in progress. If your child has an aide or caregiver, they are encouraged to join your child in camp free of charge.
7. If camper is not picked up within the 15-minute grace period after camp end time an additional charge will be accrued.
8. FITS Summer Camps are NOT reimbursable by insurance, but may qualify for HSA or Flex Spending Accounts.

**PARTICIPATION AUTHORIZATION**

I hereby approve participation of my child, \_\_\_\_\_ in FITS Summer Programs and consent to emergency treatment for my child, if necessary. To the best of my knowledge there are no physical or other conditions that will interfere with my child's participation.

Parent/Guardian Signature: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_



FITS 2024 Summer Registration Form  
Please email the completed form to:  
[Admin@FitsTherapy.com](mailto:Admin@FitsTherapy.com)

### Summer Camp Dates Registration

Please indicate your child's name and age. Select which week(s) you are registering your child for.

Your child is welcome to participate in the camp on a daily basis instead of weekly, with a cost of \$95 each day your child attends. Please speak directly to Amy to ensure your child is properly scheduled if you need to register for a specific day or days instead of the whole week. Each day will run from 8:30 AM to 11:30 AM.

If a group is filled or has insufficient enrollment, we will email you with more information.

**Child's Name:** \_\_\_\_\_

**Child's Age:** \_\_\_\_\_

#### June

- June 10 - 14
- June 17 - 21
- June 24 - 28

#### July

- July 8 - 12
- July 15 - 19
- July 22 - 26
- July 29 - August 2

#### August

- August 5 - 9