

# FITS Summer Camp Registration Form

Functional Integrated Therapeutic Services

Thank you for registering for FITS Occupational and Physical Therapy's 2025 Summer Camp. Please fill out one registration form per child and be prepared to pay the registration fee upon receipt of this form.

## Camper Information

Full Name:		Preferred Name:		Pronouns:	
Birthday:		Age:	Sex:	Grade Level:	
Street Address:		Unit:	City:	Zip Code:	

Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes:	
Has your child ever had a seizure? <input type="checkbox"/> No <input type="checkbox"/> Yes:	
Medications taken during the day: <i>FITS will need a medical authorization form signed by your child's medical provider if FITS staff are required to give any medication(s) to your child.</i>	
Dietary Restrictions: <i>i.e., Celiac/Gluten Free, Kosher, Halal, Vegan, Low FODMAP, etc</i>	
Does your child have any medical or developmental diagnoses? If yes, please share with us:	
Does your child currently or previously receive therapy in or outside of school?:	Does your child have an IEP, 504 Plan, or other school accommodations? If yes, are you willing to

[Type here]

	share that information for our therapists to review while designing camp for your child's needs?:
How does your child communicate their needs?:	Does your child use any mobility devices?:
Is your child potty trained? Do they need help with toileting or need diaper changes?:	
Please use this space to tell us anything else about your child. This can include anything from skills they are currently working on in therapy or school, if they're shy or how they react to new places/people, their favorite activities, etc:	

**Parent/Guardian Information**

Parent/Guardian Full Name:	Relationship to child:	
Primary Phone:	Work Phone:	Email:
Other Parent/Guardian Full Name:	Relationship to child:	
Primary Phone:	Work Phone:	Email:
If your child has an aide or other caregiver, please list their name and contact information below:		
Emergency Contact Name & Relationship to Child:	Emergency Contact Phone Number:	
Child's Physician's Name:	Physician's Phone:	

[Type here]

Please list 2 (two) other adults authorized to pick up your child, not including both parents/guardians above:
Person #1:
Person #2:

\_\_\_\_\_  
\_\_\_\_\_  
Parent/Guardian Signature  
Date

### **SUMMER CAMP 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 \$350 must be paid by the Monday of the summer camp week your child is attending. There will be a \$35 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 follow 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 of \$20.00 will be accrued.

[Type here]

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 other than what is listed on my child's registration form.

\_\_\_\_\_

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

Date

### **PHOTOGRAPHY AUTHORIZATION**

I grant permission to FITS Occupational and Physical Therapy to take and share photos of my child, \_\_\_\_\_, for marketing purposes such as use on social media and/or future flyers or advertising about summer camp.

\_\_\_\_\_

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

Date