



SUMMER PROGRAM REGISTRATION FORM

Child’s Name: _____ Birthdate: _____ Age: _____

Parent/Guardian: _____

Address: _____

Phone Numbers: (H): _____ (C): _____

Email Addresses: _____

Emergency Name/Phone: _____

Physical/Dietary Restrictions: _____

Allergies: _____

Current School: _____ Entering Grade: _____

Current Services Being Received: (if any; Speech, OT, tutoring, Psych, etc): _____

How we heard about the program:

___ friend ___ magazine ad ___ website ___ newspaper ___ flyer ___ facebook ___ other

My child is registering for the following program:

Speech/Language, Occupational, Social Skills Camp: Ages 4-8

- Session 1: June 3 - June 14 (M-F): 9:00am-2:00 pm Cost: \$1000.00
- Session 2: June 17 - June 28 (M-F): 9:00am-2:00 pm Cost: \$900.00
- Session 3: July 1 – July 12 (M-F): 9:00am-2:00 pm Cost: \$900.00
- Session 4: July 15 – July 26 (M-F): 9:00am-2:00 pm Cost: \$1000.00

****Students signing up for all 4 sessions will receive a discount of \$50 per session, for a total savings of \$200***

NO CAMP ON JUNE 19TH OR JULY 4TH

STUDENTS SHOULD BRING A LUNCH, WATER BOTTLE AND WEAR CLOSED-TOED SHOES

Our Clinic offers additional services beyond summer group programs, including individual and group speech, language, reading, occupational therapy, and tutoring for all ages/subjects. Please let us know if you would like to receive additional information for:

- Speech-Language Therapy/Evaluation
- Occupational Therapy/Evaluation
- Academic Tutoring
- Fast Forward™ or Reading Assistant
- Social Thinking/Theory of Mind
- Applied Behavior Analysis
- Reading Tutoring (Orton-Gillingham, Linda-MoodBell, STARS®)

Please note the following procedures and policies:

- 1) Registration forms will be considered on a first come/first serve policy.
- 2) Full payment is required to reserve a space in this program. Payment can be provided via check made payable to Pinnacle Academy or credit card (3.5% processing fee applies). If your child does not qualify for enrollment in the program for any reason (determined by the Program Director), payment will be returned in full. If a space is held for your child and s/he does not attend, payment will not be returned. Refunds and discounts will **not** be provided for illness, vacation, etc.
- 3) Due to the intensive provision of program curriculum, participant attendance is important for all sessions. Absences are discouraged if avoidable.
- 4) The clinic reserves the right to cancel the program if there is insufficient enrollment.
- 5) Child must be toilet trained to attend this camp.
- 6) Entrance to camp is at the discretion of the program director. Due to ratios, not all camps are appropriate for all children.
- 7) A minimum of 8 children enrolled is required to hold this camp. If not enough children are enrolled, you will be refunded for the camp. This camp will be considered full when we meet a maximum of 12 children.

Pick Up and Drop Off

The programs will be held at 6215 Lorraine Road, Lakewood Ranch. Participants should enter into the Primary Building and will be met by an Instructor. Please be prepared to drop your child(ren) off on time and pick them up promptly at the end of the session. Pick up that occurs more than 5 minutes late will receive a late notice on the first occurrence. Second occurrence will result in a late fee of \$1/minute past end of session. Third occurrence will result in dismissal from camp without reimbursement.

The following adults are authorized to pick my child up from the clinic:

The following people may be contacted in case of an emergency:

Name _____ Phone # _____

Name _____ Phone # _____

EMERGENCY MEDICAL RELEASE (Please initial):

_____ In the event of any injury or serious illness, I give permission for Pinnacle Pediatric Therapy staff to obtain medical treatment for my child. I understand that if my child needs to be transported to an emergency facility this decision will be made by the emergency responder team.

LIABILITY RELEASE

_____ I agree Pinnacle Pediatric Therapy assumes no liability for injury or damages arising from the result of participation in the activities unless due to willful fault or gross negligence on the part of the program.

_____ I recognize Pinnacle Pediatric Therapy is an instructional facility where training and research may be conducted to support the implementation of best practice models. Interns may be present during a session for educational purposes.

_____ I recognize that participation in a group setting will not allow for caregiver observation to protect the confidentiality of participants.

_____ I hereby give my permission for photography/videotapes to be taken of my child for educational and professional training purposes. These photographs/videotapes will become property of Pinnacle Pediatric Therapy and may be used in the future without further consent.

PARTICIPATION AUTHORIZATION

I hereby give permission for my child _____ to participate in the Pinnacle Pediatric Therapy Summer program. My signature confirms that the information provided is accurate, that I have read and understand the Policies and Procedures of the program, and that it is my responsibility to keep my child’s information current. I understand that participation in the entirety of program sessions are required.

Signature of Parent/Guardian

Date

This form must be completed in full to register the child(ren) for this program.

Completed registration forms may be emailed to: PinnaclePediatricTherapyLWR@outlook.com or mailed to:
Pinnacle Academy
6215 Lorraine Road
Bradenton, FL 34202

Once the form is received an invoice will be emailed to you for payment.