



# Dumas Therapy & Chatterbox Speech and Language

3203 B Vineville Avenue. Macon, Georgia 31204

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## 2012 Summer Therapy C.A.M.P (Children Actively Making Progress)

### June 11 - July 11

Monday through Thursday, 9AM – 12 PM

**Camp Location:** Dumas Therapy 3203B Vineville Ave., Macon, GA 31204 (478) 737- 9759

### Registration Form

The summer camps are for children ages 5 to 11 years old (kindergarten to 5<sup>th</sup> grade). Camp sessions are limited to 30 children. Students will be divided between four groups with a camp leader in each group. The registration fee is 35.00 (non-refundable) and the camp fee is 165.00 for the summer. Children will receive occupational therapy, speech therapy, social skills training, play skills, reading, math, and arts/crafts activities.

Scholarships and sponsorships are available to help cover the camp fee. Please inquire for more information about financial assistance. Brochures can be downloaded at [www.dumastherapy.com](http://www.dumastherapy.com). **REGISTRATION DEADLINE: June 1. Sessions will be filled in the order in which registrations are received. Please send a snack and drink with your child each day.**

**Child's information:** (Use a separate registration form for each child.)

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

D.O.B \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Type of autism \_\_\_\_\_ Diagnosis date/age \_\_\_\_\_

Verbal: \_\_\_yes \_\_\_no Potty trained: \_\_\_yes \_\_\_no

**Health services information**

Child's doctor \_\_\_\_\_ Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Special medical needs or concerns: \_\_\_\_\_  
\_\_\_\_\_

Food allergies: \_\_\_\_\_

**Parent or guardian's information** (Please indicate the preferred phone number to reach you.)

Mother's name \_\_\_\_\_ Hm# \_\_\_\_\_

Address (if different) \_\_\_\_\_ ZIP \_\_\_\_\_

Wk #: \_\_\_\_\_ cell# \_\_\_\_\_

Father's name \_\_\_\_\_ Hm# \_\_\_\_\_

Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

ZIP \_\_\_\_\_ Wk# \_\_\_\_\_ cell# \_\_\_\_\_

**Emergency contact**

Person 1:Name \_\_\_\_\_ Phone \_\_\_\_\_

Person 2:Name \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Release:**

I authorize emergency medical treatment for \_\_\_\_\_  
in the event a parent/guardian or emergency contact cannot be reached in a timely manner.  
Parent signature \_\_\_\_\_ date \_\_\_\_\_

**Therapy Services Agreement:**

I \_\_\_\_\_ (parent) agrees to have my child \_\_\_\_\_ receive occupational therapy and speech therapy services during the camp. I also understand that a physician prescription is required for therapy and that therapy services only will be billed to my insurance company(s). I authorize the release of any medical information or other documents necessary to process a claim for therapy services. I certify that all information is correct. I hereby assign payment for all medical benefits payable for occupational therapy services directly to one of the company's names listed: Dumas Therapy, Kids-N-Action Pediatric Therapy, or Massage Education Network. I hereby assign payment for all medical benefits payable for speech therapy services directly to Chatterbox Speech and Language. Also, I have read this financial policy and accept responsibility for treatment costs not covered or reimbursed by my insurance company.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Camp T-shirt (\$10)**, please circle the size: Youth S Youth M Youth L  
Adult S \_\_\_\_\_ Adult M \_\_\_\_\_ Adult L \_\_\_\_\_

**Attendance Policy:**

**Children will need to be present and in attendance for the camp. He/She will only be allowed three absences before there slot will be filled. Please provide a doctor's excuse for any illnesses that may occur. Please provide one week notice for planned family vacations.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Send this completed form along with your payment. Make checks payable to Dumas Therapy. You can also pay on the web site at [www.dumastherapy.com](http://www.dumastherapy.com).**

Method of Payment: \_\_\_\_\_ credit card (on web site) \_\_\_\_\_ cash \_\_\_\_\_ check

Please check all below:

- Registration Fee (non-refundable): 35.00
- Summer Camp Fee: 165.00
- Transportation: 10.00 per week (50.00 total if needed)
- T-Shirt: 10.00

Total: \_\_\_\_\_

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Office Use:

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

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

Processed by: \_\_\_\_\_

Assigned group #: \_\_\_\_\_

Camp Leader: \_\_\_\_\_

Transportation processed: \_\_\_\_\_