

Program Enrollment Form Champ Camp

Date: _____

Participant's name: _____

School currently attending: _____

Emergency contact #1: _____ Phone: _____ Relationship: _____

Emergency contact #2: _____ Phone: _____ Relationship: _____

Doctor's name: _____ Doctor's phone: _____

Diagnosis: ADD Asthma Diabetes type 1 Diabetes type 2 Hearing-impaired
 Physical impairments or mobility limits ADHD Autism Other: _____

Child's current weight: _____ Dietary restrictions: _____

Allergies (list all allergies to foods, plants, medications, plus reaction and treatment):

Medications (including dosage, purpose and effect):

Current physical, mental or psychological conditions requiring medication, treatment or special restrictions or considerations:

Day-of-week preference: Tuesdays Wednesdays (We will do our best to fulfill your preference.)

Behavioral concerns: _____

What motivates your child? _____



What are your child's favorite activities? _____

Does your child follow simple directions? Yes No

Does your child have aversions to texture, sounds or other sensory concerns? Yes No

What are you hoping your child will gain and/or experience at Champ Camp?

What else would you like to share about your child?

Please turn form over and fill out back side

Please read the following permission text carefully!

Payment information

Payment in full (\$300) is due by Feb. 15, 2010.

Payment method: Check/money order (payable to Encompass

Credit card: Visa / MasterCard

Card number: _____ Expiration date: _____

Name on card (please print): _____

Signature of card holder: _____

Authorizations

I hereby give permission that myself or child(ren) may be given emergency treatment to include first aid and CPR by a qualified staff member at Encompass. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for



myself or my child(ren) by our regular health-care provider, or when that health-care provider cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child(ren)'s health and I cannot be contacted. I also give permission for my child(ren) to be transported by ambulance, aid car or by the below-named alternate persons to an emergency center for treatment.

Staff and parents always will work together in making decisions about a child's program. Encompass reserves the right of final decision to discontinue service.

Application of sunscreen and any diaper-changing needs are the responsibility of the parent. Please call for more information if your child is not potty-trained.

Please attach a copy of your child's most recent evaluations and individual education plan (IEP), if applicable.

My child(ren)/family may be photographed for educational and program advertising purposes: Yes No

People authorized to pick up my child(ren):

Parent/guardian signature _____ Date _____

Thank you for your responses. We're glad you're part of Encompass!

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