



**THERAPEUTIC RECREATION
SUMMER DAY CAMP
REGISTRATION FORM**

Registration begins April 19th 2010

NO APPLICATIONS WILL BE ACCEPTED BEFORE THAT TIME!

Date: _____

Participant's Name: _____

Address/ City/ Zip: _____

Parent /Guardians Name: _____

Participant's Phone: _____ Age _____ Date of Birth: _____

Primary Diagnosis: _____

Secondary Diagnosis: _____

Wheelchair Accommodations: Yes Does participant require an aide/assistant: Yes No
**If yes, assistance must be provided by participant*

**Sign up for all 6 weeks or choose which weeks you prefer. **If you are going to be on vacation or attending another camp for a week, please be considerate and do not sign up for that particular week.*

____ Summer Day Camp June 14th – July 23rd (6 weeks).....\$75.00

____ Week 1 June 14-18	\$20.00	____ Week 4 July 6 - July 9 (closed July 5 th)	\$20.00
____ Week 2 June 21-25	\$20.00	____ Week 5 July 12-16	\$20.00
____ Week 3 June 28- July 2	\$20.00	____ Week 6 July 19-23	\$20.00

- *You will be notified of an accepted enrollment. You will be put on the waiting list if the week is full.*
- *This price includes most outings. The camper will need money occasionally.*
- *This camp is active and days are filled with games, swimming, field trips, arts and crafts etc.*
- *Camp applications will be on a first come first serve basis, Space is very limited.*

Return with check or money order. You will receive additional information as camp nears including assessment information, policies and procedures, camp schedule, and other pertinent information.
 We look forward to seeing you at CAMP!!!

**Little Rock Parks and Recreation
Therapeutic Recreation Division
500 W. Markham room 108
Little Rock, AR 72201
Phone: 501-918-5359 Fax: 501-371-6832**