



SUMMER THERAPY PROGRAM ENROLLMENT

1115 Fairgrounds Rd., Jefferson City, MO 65109

(573) 634-3070, (573) 636-3247 fax

www.speciallearningcenter.com/summertherapy

Complete form and return with payment to Special Learning Center.

CHILD'S NAME:		SEX:	BIRTHDATE:
ADDRESS: Street: _____ City/State/Zip: _____		HOME PHONE NUMBER: ()	
Please mark the session(s) and dates your child would like to attend.			
Skills Enrichment: Social Skills _____ June 24-28 *ages 5-7 (8:30-9:30 a.m.) _____ July 22-26 *ages 8-10 (8:30-9:30 a.m.) _____ July 29-Aug. 2 *ages 11-12 (8:30-9:30 a.m.)		Skills Enrichment: Handwriting FULL _____ June 24-28 (9:30-10:30 a.m.) _____ July 22-26 (9:30-10:30 a.m.) _____ July 29-Aug. 2 (9:30-10:30 a.m.)	
		Skills Enrichment: Sports _____ June 24-28 (10:30-11:30 a.m.) _____ July 22-26 (10:30-11:30 a.m.) _____ July 29-Aug. 2 (10:30-11:30 a.m.)	
SLC Extended-Day Therapy: Morning _____ July 8-12 (9:00 a.m.-12:00 p.m.) _____ July 15-19 (9:00 a.m.-12:00 p.m.)		SLC Extended-Day Therapy: Afternoon _____ July 8-12 (1:00 p.m.-4:00 p.m.) _____ July 15-19 (1:00 p.m.-4:00 p.m.)	
<i>*all day registered children are to bring their own lunch</i>			
T-shirt size (please circle): Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large			
We will try our best to place your child in sessions on the dates you requested. However, if certain weeks or sessions fill up, we will contact you to try and reschedule your child for another week. We are placing enrollment limits on our groups to ensure the children receive adequate support and attention to make the program as safe and effective as possible.			
IDENTIFYING INFORMATION			
A) MOTHER'S OR GUARDIAN'S NAME:		MOM'S E-MAIL ADDRESS:	
HOME PHONE NUMBER IF DIFFERENT THAN ABOVE:		MOM'S CELL PHONE NUMBER: ()	
HOME ADDRESS IF DIFFERENT THAN ABOVE: Street: _____ City/State/Zip: _____		MOM'S EMPLOYER: _____ BUSINESS TELEPHONE NUMBER: ()	
B) FATHER'S OR GUARDIAN'S NAME:		DAD'S E-MAIL ADDRESS:	
HOME PHONE NUMBER IF DIFFERENT THAN ABOVE:		DAD'S CELL PHONE NUMBER: ()	
HOME ADDRESS IF DIFFERENT THAN ABOVE: Street: _____ City/State/Zip: _____		DAD'S EMPLOYER: _____ BUSINESS TELEPHONE NUMBER: ()	
EMERGENCY CONTACT(S) (OTHER THAN PARENT(S) OR DOCTOR) – (AT LEAST ONE EMERGENCY CONTACT IS REQUIRED)			

Please complete other side.

NAME OF EMERGENCY CONTACT:		TELEPHONE NUMBER: ()
ADDRESS: STREET : _____ CITY, STATE, ZIP CODE: _____		RELATIONSHIP
Optional	NAME OF EMERGENCY CONTACT:	TELEPHONE NUMBER: ()
	ADDRESS: STREET : _____ CITY, STATE, ZIP CODE:	RELATIONSHIP

PERSON(S) OTHER THAN PARENTS AUTHORIZED TO TAKE CHILD FROM SPECIAL OLYMPICS MISSOURI:

Name: _____ Name: _____

COMMENTS ON CHILD'S DEVELOPMENT (Note allergies, medications, health concerns/precautions, special equipment, habits, sensory needs, IEP services, etc.) Please note if your child requires one-on-one support.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE:

I understand that I will be notified at once in case of accident or illness to my child and that I will make arrangements for medical care of my child with the physician or hospital of my choice.

If I cannot be reached to make the necessary arrangements or in a critical emergency requiring medical care, I hereby authorize SPECIAL LEARNING CENTER to contact:

(Please list the name/phone number of doctor, hospital OF YOUR CHOICE or both.)

Name of Doctor/Clinic: _____ **Phone:** _____

Address: _____

City/State/ZIP: _____

Preferred Hospital _____ **Phone:** _____

Address: _____

City/State/ZIP: _____

PHOTO RELEASE:

I do hereby give my permission for pictures and/or information concerning me to be used by Special Learning Center for educational purposes in newspapers, magazines, radio, television, or internet (website).

I do not give my permission for pictures and/or information concerning me to be used by Special Learning Center for educational purposes in newspapers, magazines, radio, television, or internet (website).

AGREEMENTS:

a) The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, etc.

b) When my child is ill, it is understood and agreed that she/he may not be accepted for care.

c) This certifies that this information is current and accurate to the best of my understanding.

_____ Date: _____

Parent/Legal Guardian's Signature