



5959 Lake Ellenor Dr., Orlando, FL 32809 407-347-4958

## 2023 Music Summer Camp Registration Form

**Campers Name:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender (circle one): Female Male Age \_\_\_\_\_ Grade (2022-2023): \_\_\_\_\_

Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell # \_\_\_\_\_

Parent Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell # \_\_\_\_\_

E-Mail address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Name of sibling(s) also attending camp: \_\_\_\_\_

Age(s): \_\_\_\_\_ Sibling(s) Grade (2022-2023): \_\_\_\_\_

**Persons, other than parents, authorized to pick up child and/or who can assume responsibility in case of emergency:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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### Emergency Medical Release

Physician's Name: \_\_\_\_\_ Hospital Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Policy and/or Group #: \_\_\_\_\_

### Allergies and Medications

Known Allergies: \_\_\_\_\_

List of Medications: \_\_\_\_\_

## **Policies**

### **Snacks:**

- We will have **snack time** in the afternoon. If you would like your child to have a snack, please send it to school in a **separate labeled container** that is to be used for snack time only. Snacks will remain in the backpacks until scheduled time. Please limit food items to something small such as crackers, a granola bar, or apple slices, etc. Each student needs to bring a labeled water bottle. **No soda is allowed at school.**

### **Lost Items:**

- Campers are asked to leave any valuables and electronics at home. CAPA and its employees are not responsible for lost or stolen items.

### **Photographs:**

- I give permission for my child's photograph or video to be taken for use by CAPA in program brochures, website, social media sites and other promotional materials and for release to local magazines or newspapers.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

**Introducing your child:**

List your child's preferred music / any musical aversions

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Does your child have any previous musical experience?

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What upsets your child / what are his or her triggers?

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What are your child's food preferences?

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What are your child's goals?

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What are your child's favorite activities/toys to play with?

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Does your child receive ABA with Camen?

Will ABA therapist be attending camp? If so, please list the number of hours or days they will be attending with the camper:

What are some of your child's behaviors/safety concerns

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Does your child elope?

Any additional Comments/ Concerns

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Parent/Guardian Signature: \_\_\_\_\_

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