



**BEYOND BOUNDARIES**  
THERAPY SERVICES

## Speech Camp Registration Form

This information form must be completed for all who wish to  
Participate in the Speech Camp.

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

School: \_\_\_\_\_ Grade \_\_\_\_\_ IEP Y \_\_\_\_\_ N \_\_\_\_\_

Names of Parent(s) or Guardian(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Type of Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Insurance Contact #: \_\_\_\_\_

When: Monday through Thursday, August 6<sup>th</sup> through August 16<sup>th</sup>, 2018

\*\*Specific camp times will be between either **8:30-11:30** OR **12:30-3:30** daily.

Cost: \$300.00 or we will also be **billing private insurance** for a portion of this camp. Please contact our Office Manager, Connie, to discuss any questions regarding insurance.



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Does your enrolled child have any special needs, food allergies or other health restrictions of their own that we should know about? \_\_\_\_\_

Does your child have a specific diagnosis? If so, please specify \_\_\_\_\_

Please let us know where your child has received speech services prior to this camp.  
\_\_\_\_\_

How long has he/she been in speech therapy? \_\_\_\_\_

In order for your child to be successful at speech camp, he/she must meet certain expectations. Your child must be able to:

1. attend for an age appropriate amount of time with minimal redirections
2. follow directions and cooperate with adults and peers
3. cooperate and work with others

Non-compliant behaviors will significantly reduce the amount of progress as addressing behaviors takes time away from working on speech goals. Children who exhibit non-compliant behaviors may be dismissed from camp and a prorated refund will be given. \* Special considerations may be made on a case-by-case basis notified prior to the start of camp.

*I hereby give my child permission to participate in the Speech camp at Beyond Boundaries. I also agree to hold Beyond Boundaries harmless for any and all liability incurred as a result of my child's participation. I understand that consistent attendance at camp will allow for the most progress and I will make every attempt to have my child attend the scheduled camp dates.*

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent or Guardian

Additional registration forms and information are available by calling (701) 356-0062.

**Please return with registration form and payment to: Beyond Boundaries Therapy  
3001 11<sup>th</sup> St. So.  
Fargo, ND 58103**

**\*\*\*Registration deadline is Thursday, June 28<sup>th</sup>, 2018**

*For office use only:*

Check # \_\_\_\_\_

Date \_\_\_\_\_





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2. Important members of our family and friends are: (Include pets, daycare, etc.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. Some of the places we visit on a regular basis include (grandmas, store, etc.)

_____	_____
_____	_____
_____	_____



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4. My child's favorite toys are:

_____	_____
_____	_____
_____	_____

5. Additional vocabulary that may be useful for my child to practice in therapy:

_____	_____
_____	_____
_____	_____

\*\*Pictures of family or any of the other listed vocabulary would be extremely helpful.



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**Speech Camp Photograph Permission**

Dear Parents,

Thank you so much for having your child attend our two-week long intensive Speech Camp! We had so much fun during camp and captured some fun photographs to remember all the fun that we had. We would love to share these photographs with you!

By signing this form you are giving Beyond Boundaries Therapy Services permission to use photographs that were taken during the speech camp on the Beyond Boundaries Therapy Services Facebook page([www.facebook.com/beyondboundariestherapyservices](http://www.facebook.com/beyondboundariestherapyservices)), names of the children will not be used.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name