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211 West Matthews St. Suite 106  
Matthews, NC 28105  
Office 980.245.2340 • Fax 980.245.2333  
Matthews@PediatricPossibilities.com

## SUMMER CAMP 2019 Registration Form

### CHILD'S INFORMATION

**Child's Name:** \_\_\_\_\_  
First Last Nickname

**Address:** \_\_\_\_\_  
Street City Zip

**DOB:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_

**Current Client:** \_\_\_\_\_ Yes \_\_\_\_\_ No

### PARENT/GUARDIAN INFORMATION

**Parent/Guardian Name:** \_\_\_\_\_

**Telephone:** Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Please check the camp session(s) you wish to enroll your child in:  
COST: \$240.00 per one-week session.

\_\_\_ *Ninja Warrior*: July 15-18 9am-12pm

\_\_\_ *Under the Sea*: July 22-25 9am-12pm

Please use this space to provide us with information about your child that would be helpful during camp, such as primary diagnosis, developmental concerns, goals for camp, dietary restrictions, etc. We may contact you if additional information is needed.

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**Please list all allergies (oral/touch):**

Allergy	Reaction	Treatment

**Please list food/smell sensitivities:**

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I have listed all known allergies and provided the appropriate interventions in case of accidental exposure. \_\_\_\_\_(initial)

My child will be coming to camp with an EpiPen and I will instruct camp staff accordingly. \_\_\_\_\_(initial)

I give Pediatric Possibilities camp staff permission to apply sun screen if my child is outside for more than 10 minutes. \_\_\_\_\_(initial)

I **DO NOT** give Pediatric Possibilities camp staff permission to apply sun screen if my child is outside for more than 10 minutes. \_\_\_\_\_(initial)

I will send a change of clothes for my child to camp each day. \_\_\_\_\_(initial)

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

\_\_\_\_\_  
Date

**A registration fee of \$50 payable to Pediatric Possibilities must accompany this application.** This fee is non-refundable upon admission. The balance of camp fees will be due on or before May 31, 2019. Pediatric Possibilities has the right to cancel any summer camp and refund the deposit if the session is under enrolled. If there are any questions, please call Pediatric Possibilities at 980.245.2340. Please send payment to Pediatric Possibilities, 211 West Matthews St. Suite 106 Matthews, NC 28105