

DAYCAMP REGISTRATION: Summer 2018

Child's Name	DOB:	Age	
Parents/Legal Guardians Name			
Address			
Primary phone:	Secondary phone:		
Diagnosis			
Email	Check if OK to co	mmunicate with email	
Payment Source: Private pay Preble DD	Other		
T-Shirt Size: Youth XS S M L	Adult S M L XL		
	equested Programs for all camps - \$165.00		
Tiny Talkers	Barn Budd	Barn Buddies	
(Language Delay)	(Autism Spectrun	(Autism Spectrum Disorder)	
Pee Wee (3-4 year olds) June 4-8 9:00 to 10:30	Pee Wee June 11-	(4-6 year olds) 15 9:00 to 10:30	
Junior (5-8 year olds) June 4-8 11:00 to 12:30		7-10 year olds) -15 11:00 to 12:30	
REGISTRATION MUST BE ACCOMPANIED B YOUR CHILD: Form	BY REQUIRED FORMS AND PAYMEN as may be downloaded from website		

Please return to:

1. EMERGENCY MEDICAL 2. CLIENT HISTORY 3. RELEASE FORMS

Triangle Therapy Services* 911 West Main St.* Eaton, Ohio 45320 * Phone: 937 456-6505 * Fax: 937 456-6507