



Summer Application for Enrollment

Student Information

Name: _____

Parent Name: _____

Address: _____

Phone Number: _____ Date of Birth: _____

Known allergies: _____

Medications: _____

Taken at school: Yes or No

Emergency Contact: _____

Camp Selection

Ms. Nancy's Art Camp

- Week 1 May 21st-23rd ages 5-9 _____
- Week 2 May 29th-31st ages 10-18 _____

8-week Adventure Camp June 4th- August 1st Mon.-Wed. _____

- Please check here if your child currently receives ABA through TherHappy, for the reduced rate camp rate. _____

New Student Warm-up weeks August 5th-7th and 12th-14th _____

How will you be paying for camp? Please check below;

Out of Pocket _____

Gardiner Scholarship _____

I would like to be considered for a scholarship to cover the cost of
Camp _____

- (scholarship funds will be allocated based on the amount of funds awarded to TherHappy and are therefore not a guarantee)

I hereby apply for a place for _____ in
the TherHappy Skilled Day Program for the Summer of 2018.

Parent Signature: _____ Date: _____