

### 2020 Summer Programs Registration Form

Please forward forms via fax (305) 936-1022 or email to [info@mailppa.com](mailto:info@mailppa.com)

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

Parent(s)/Caregiver(s) Name: \_\_\_\_\_

Parent(s) Contact information: \_\_\_\_\_

Parent(s) Email address(es): \_\_\_\_\_

Emergency Contact-Name and Phone #: \_\_\_\_\_

School and Grade Child Attends: \_\_\_\_\_

Home Address, City, State and Zip: \_\_\_\_\_

Individuals authorized to pick up your child: \_\_\_\_\_

**Please CHECK the box for the program your child will be attending:**

**Intensive Social Skills Programs:** Locations: PPA Aventura, South Miami & Weston Offices

**Ages 7 to 10**                      **9 am - 12 pm**                      *\*Minimum 4 Participants to Run Program*

**Ages 11 to 14**                      **1 pm - 4 pm**

**Aventura**

**June 15-19**

**August 3-7**

**South Miami**

**June 22-26**

**July 27-31**

**Weston**

**June 8-12**

**July 20-24**

**Surf & Watersports Adventure Camp:**

**Ages 8 – 14**                      **9 am – 3 pm** *\*Maximum of 14 Campers*

Location: Surfside Community Center, 9301 Collins Avenue, Surfside

**Week 1: 8/10 – 8/14**                       **Week 2: 8/17 – 8/21**

**South Miami Specialty Programs:** Location: 7800 Red Road, Suite 216, South Miami

**Middle School Relationships: August 3-7 at 10 - 12 pm** (Twins entering Grades 6-8)

**High School Life Skills: July 20-24 at 11am - 1pm** (Teens entering Grades 9-12)

## Summer 2020 Programs Registration Form (page 2)

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

Does your child have any dietary restrictions (allergies, kosher, gluten-free)? If so, please list: \_\_\_\_\_

Please list any goals/expectations you may have for your child's camp experience: \_\_\_\_\_

What activities does your child enjoy doing? \_\_\_\_\_

Please tell us anything else that would be important for us to know about your child: \_\_\_\_\_

### *Consent for Summer Programs*

I voluntarily give consent for treatment by *Pediatric Psychology Associates* for myself and/or my family members. I understand the purpose is to assist in the formation and development of improved social skills and emotional health. I can withdraw my consent at any time without penalty to me or my child.

I understand that summer programs may be taped for the purpose of ongoing assessment and training of group participants. *Pediatric Psychology Associates* will not release confidential material to other outside parties without written permission. As provided by law, confidentiality may only be breached for protection purposes when the patient is imminently dangerous to her/himself or others, or in cases of child abuse.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Relation to child** \_\_\_\_\_

### *Photograph and Videotape/Media Release Consent Form*

The following is a Consent Agreement, which authorizes the videotaping, photographing and social media release of videotapes and photographs taken during Pediatric Psychology Associates' Summer Programs. Pediatric Psychology Associates may photograph and/or videotape participants during their participation at Pediatric Psychology Associates' Summer Programs. These videos and photographs may be posted on social media for the purpose of educating the public with regards to recreational services available to children with social challenges. Please initial an option below and sign at the bottom of this page.

\_\_\_\_\_ Yes, my child's photographs/video may be released for use in social media. I understand that I am free to withdraw my consent at any time without penalty to me or my child.

\_\_\_\_\_ No, my child's photographs/video may not be released for use in social media.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Relation to child** \_\_\_\_\_

## Summer 2020 Programs Registration Form (page 3)

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

**Fees and Payment Options for Summer Programs:**

\$600 per week- Surf and Watersports Adventure Camp + \$50 Registration fee- Due at time of Sign up or by date of Consultation for Surf Camp (Maximum of 14 Campers)

\$750 per week-Intensive Social Skills Programs and Middle School Relationships\*

\$850 per week- High School Life Skills – Includes expenses for outings\*

*\*Our Intensive Social Skills Programs and Middle School and High School summer programs include a phone screening and, if needed a no-cost consultation to determine appropriateness of fit.*

***Please note paperwork must be completed in order to secure your child's spot in our programs.***

**All summer program fees are due fourteen (14) days prior to the start date of the program\***

In order to provide adequate staffing and preparations, please note that cancellation less than 7 days prior to program/camp and no show or missed days will not be refunded.

**Please initial one:**

\_\_\_\_\_ I will pay \$\_\_\_\_\_ by cash or check (payment must be received on or before 14 days prior to the first day of my child's scheduled program)

\_\_\_\_\_ I will pay \$\_\_\_\_\_ by credit card (credit card will be charged 14 days prior to the first day of my child's scheduled program).

Below is my credit card information. This option is recommended.

Name on Card \_\_\_\_\_

I authorize *Pediatric Psychology Associates* to charge my credit card as follows:

\_\_\_\_\_ *\$600.00 (+\$50 registration fee) Surf & Watersports Adventure Camp*

\_\_\_\_\_ *\$750 Intensive Social Skills Program or Middle School Relationships*

\_\_\_\_\_ *\$850 for High School Life Skills*

Type of Card:     Visa     MasterCard     AMEX    Expiration Date \_\_\_\_\_

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_, CVV Number \_\_\_\_\_ A 3-digit number in reverse italics on the **back** of the credit card

Card Holder's Billing Address for Credit Card Statements

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PLEASE SIGN- Signature** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_