



Faces
BEHAVIORAL SERVICES FOR
CHILDREN WITH AUTISM

FACES SUMMER CAMP

August 7-11, 2017 | Registration and Payment Form

Child's Name: _____ Age: _____

Parent's Name(s): _____

Parents' Contact phone #(s): _____

Parents' E-Mail Address(es): _____
(Please list all parents/guardians)

Emergency Contact if parent(s) are NOT Available (List name, phone # and relationship to child):

Is child currently a FACES client? Yes No

Please note: Summer camp is private pay only and should not substitute for your child's ongoing Behavior Therapy program. If your child is scheduled for ABA sessions during the Camp and you would like your child to participate in camp, please talk to your Clinical Manager to make appropriate arrangements.

➤ **Meet at Faces** (220D Twin Dolphin Drive). **Drop Off/Pick Up Times:** 9:00 AM-12:00 PM < Last ten minutes of each session are reserved for parent staff conversation. Please arrive at 11:50 PM to pick up your child. Unless there are extenuating* circumstances, you will be charged an additional \$10 for every 10 minutes that you arrive after 12:00 PM. (*Medical emergency, car accident. Traffic does NOT qualify.)

Cost: \$525 for one week (\$600 if paid after July 15, 2017)

Payment Information:

Check Enclosed Online: www.pacificautism.org/events

Please charge my credit card: Visa MasterCard American Express

Cardholder's Name: _____ Exp. Date: _____

Acct #: _____ Security Code (on back): _____

If you'd prefer to call in your credit card info, please complete this form and return it to the Faces office and then call Accountant, Todd Wood at 408-625-6173 and he will take your information.

Appropriate Dress Attire: It is important that your child come dressed wearing comfortable clothes that can get dirty. We suggest closed shoes that tie or velcro, shorts or pants and a short sleeved shirt.

Please provide a daily snack for your child. Our program will include cooking activities; please let us know if your child has any dietary/food allergy or limitations.

Please take a moment to fill out the attached enrollment form for your child.

Parent's Signature: _____ Date: _____



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Child's Name: _____ **Age:** _____

Parent's Name(s): _____

Parents' Contact phone #(s): _____

Parents' E-Mail Address(es): _____

1. Does your child engage in any of the following behaviors regularly?

- Elopement (running away)
- Aggression
- Self Injurious Behaviors
- Tantrums
- Other (Describe) _____

2. How does your child communicate?

- Vocal/Verbal
- PECS (Picture Exchange Communication System)
- AAC Device (Assistive and Augmentative Communication)
- ASL (American Sign Language)

3. Is your child toilet trained?

- Yes
- No
- Working on it

Is There Anything Else We Should Know About Your Child (allergies, medical conditions, diagnosis, special needs, etc.): _____

Parent's Signature: _____ **Date:** _____