



Child's Name:		
Date of Birth:	Age:	Grade Completed:
Mother's Name:		Mother's Cell Number:
Father's Name:		Father's Cell Number:
Mother's Address:		
Mother's Email:		
Father's Address:		
Father's Email:		

Child Lives With: Mother Father Both:

All Camps are Monday – Friday 9AM – 2 PM

Please make a selection:

July 6 - 10

*Please note: Zebra Camp participants must be independent in toileting themselves.

In Case of Emergency Contact:
Name:
Phone Number:
Relationship to Child:

Does your child currently receive social skills training? Yes No – If so, please attach current goals.

Current School:
What are your concerns?

Child's Medical Diagnosis:

Please list any medications and dosage your child takes:

If your child requires medication to be dispensed during the time he or she is at Zebra Camp, the medication must be in the original prescription or over-the-counter bottle with clear dosing instructions.

Allergies:

Does your child require an Epi-Pen? Yes No

Does your child have seizures? Yes No

If so, what type and how do they present?

What are your child's triggers?

What are your child's motivators?

Does your child have melt-downs? Yes No

Please describe?

Is there a specific technique you use to calm your child?

Camp fee is \$700 per week. A \$350 deposit is due with registration form. Balance of \$350 due on the first day of camp. Please make checks to "Promise Christian Academy." Registration fee is nonrefundable. Please fill out the form and mail it along with payment to: Zebra Camp, Promise Christian Academy, 13260 South Outer 40, Town & Country, MO 63017.

- Pay in full: \$700.00
- Deposit with balance due by June 30, 2020: \$350.00
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Parent Signature: _____

Date: _____