



**THERAPEUTIC RECREATION
YOUTH SUMMER DAY CAMP
 REGISTRATION FORM**

Registration begins April 10th 2017

NO APPLICATIONS WILL BE ACCEPTED BEFORE THAT TIME!

Date: _____

Participant's Name: _____ Male or Female _____

Address/ City/ Zip: _____

Email address: _____

Parent /Guardians Name: _____

Participant's Phone: _____ Age _____ Date of Birth: _____

Primary Diagnosis: _____

Wheelchair Accommodations: Yes Does participant require an aide/assistant: Yes No
**If yes, assistance must be provided by participant*

****Sign up for all 6 weeks or choose which weeks you prefer.***

*****If you are going to be on vacation or attending another camp for a week, please be considerate and do not sign up for that particular week. Partial week/individual days are not available.***

_____ Summer Day Camp	June 12th – July 21st	(6 weeks).....	\$75.00		
_____ Week 1	June 12-16	\$20.00	_____ Week 4	July 3-7 (closed on July 4 th)	\$20.00
_____ Week 2	June 19-23	\$20.00	_____ Week 5	July 10-14	\$20.00
_____ Week 3	June 26-30	\$20.00	_____ Week 6	July 17-21	\$20.00

****If submitting program fees for payment by Medicaid Waiver please provide the following information:**

Agency Name _____ Case Manager _____

- *This price includes most outings. The camper will need money occasionally.*
- *This camp is active and days are filled with games, swimming, field trips, arts and crafts etc.*
- *Camp applications will be on a first come first serve basis, Space is very limited.*
- You will be notified of an accepted enrollment.*

Return with check or money order. Please make checks payable to Little Rock Parks and Recreation.
 You will receive additional information as camp nears including assessment information, policies and procedures, camp schedule, and other pertinent information.
 If you have any questions please contact Marshall Dickey at 501-570-1131.

**Little Rock Parks and Recreation
 Therapeutic Recreation Division
 7201 Dahlia Drive
 Little Rock, AR 72209
 Phone: 501-570-1131 Fax: 501-570-1139**

