



The Drama-Play Connection

Please include photo here

Required for identification prior to any first aid or medical treatment.

Student Enrollment Application for Summer, 2014
(Please Print Clearly)

Today's date: _____

Child's Name: _____ Gender: _____

Birthdate: _____ Age: _____

Address: _____
No. & Street City State Zip Code

Who referred your child? _____ Phone #: _____

Why was your child referred? _____

Please list why you would like your child to participate in our summer program:

1. _____
2. _____
3. _____

Parent/Guardian Information:

Parents' Marital Status:	Single	Married	Divorced → Date: _____	Widowed → Date: _____
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Mother's Name: _____

Father's Name: _____

Mother's DOB: _____

Father's DOB: _____

Home Number: _____

Home Number: _____

Address: _____

Address : _____

Last Grade/Degree Completed: _____

Last Grade/Degree Completed: _____

Occupation: _____

Occupation: _____

Work Number: _____

Work Number: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

If parents are divorced, what is the custody arrangement? _____

Who lives in Child's home? (Please include parents, siblings and others and their ages): _____

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Child's Current School History Information:

Current School:	School Phone Number:	Current Grade:
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Contact Person (*child's advocate or program director*): _____ Role: _____

Has your child ever repeated a grade? _____ Which grade? _____ Why? _____

Please describe your child's educational setting (e.g., mainstream, in special ed. services or classes, special school, etc.):

Please describe any learning difficulties (LD) that your child may be experiencing:

Please describe any behavioral or social difficulties that your child may be experiencing:

Child's Individual Medical/Therapy History Information:

Current Pediatrician:	Phone Number:
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Please list all medical and psychological conditions your child has or had: _____

Has your child ever had a seizure? _____ Please describe: _____

Please list all medications and their dosages that your child is presently taking:

Medication	Dose	AM	PM	Possible Interactions

Other Physician (Psychiatry): _____ Phone Number: _____
For how long has your child seen this doctor? _____

Current Therapist/Counselor: _____ Phone Number: _____
What is the nature of the visits? _____

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Please list the child's therapy history including dates, length of time, therapist or organization, nature of the therapy, and relevant diagnoses.

Dates Attended

Therapist / Nature of Therapy / Relevant Diagnoses

Please list the child's history of evaluations:

TYPE	FACILITY	EXAMINER/FACILITY
Speech-Language		
CORE		
Psychological or Neuropsychological		
Other:		

Please check any of the following that describes your child:

- Anxious
 Overactivity
 Difficulty Sitting Still
 Poor Frustration Tolerance
 Destructiveness
 Other:

If yes to any of the above, PLEASE DESCRIBE:

Please list any major or traumatic transitions that your child has made in the last year. _____

Can your child swim? YES / NO

If yes, what level of Red Cross swimming has your child most recently passed? _____

How do you describe your child?
Please describe your child's strengths:
Please describe your child's weaknesses:

Not So Fine Print - Please read.

Cost of the Program: \$4,000.00 for 6 weeks, 9am-2pm

Extended Day Program: ranges from \$444 to \$1,800 depending on number of days a week, 2pm to 5pm

Hidden Fees: \$65 Costume Fee for the costume fund and \$20 DVD processing/shipping fee for the Camp Movie, additional copies are \$15 each. Families are expected to augment their child's costume with specific items (e.g., shoes, socks, pants, etc.). All costume items are required to stay at camp for the entire 6 weeks. No exceptions.

A Health and Examination Form must be submitted prior to program attendance. It may be based on an examination performed within the last year. Also, a photo of your child is required for the purposes of identification and health care at camp. In case of emergency I hereby give permission to the physician selected by the Program Director to hospitalize, secure proper treatment for and order injection, anesthesia, or surgery for my child as named above. I understand that in any medical situation every effort will be made to reach me. I understand that The Drama-Play Connection, Inc. expects that each child will be covered by medical insurance.

I also understand that my child may not attend the program until the medical form and payment in full are received by The Drama-Play Connection, Inc. I have read the above as well as the Fee Schedule forms. I understand the program's policies on registration and if my child attend the program, I agree to be responsible for the payment of all fees due, and that the application fees and deposits are non-refundable. I also realize that I am responsible for providing a costume/props for my child's participation in the movie in addition to the \$65 costume fee. I also understand that some of the program's movie footage in which my child appears may be used for educational (professional seminars, training, etc.) or promotional (e.g., camp fairs, DPC web site and web site affiliates such as the new DPC Facebook page, etc.) purposes. Also, the Film Director and Editor may use the footage for their professional portfolios. Also, I understand that donors to the program's scholarship fund receive a complimentary copy of the program movie as a thank you. Names of the actors (children in the program) are never revealed in the credits. I also realize that all families receive a copy of the Camp Directory that lists contact information so that families can arrange car-pooling, play dates, etc. Parents may request copies of background checks, health care and discipline policies as well as procedures for filing grievances. I also understand that submitting this application does not guarantee acceptance to the program. All applications are reviewed in a first come first served basis.

I understand that The Drama-Play Connection will send most communications via email, and I am responsible for checking emails during the summer for camp updates. My preferred email for camp communications is:

Date _____

Parent's or Guardian's Signature **X** _____

APPLICATION NOT COMPLETE WITHOUT SIGNATURE

DO NOT SEND WITH "SIGNATURE REQUIRED/ CERTIFIED" FOR POSTAL DELIVERY.

(As we are not always in the office, we may miss signature required mail and cannot go to the post office to retrieve mail.)