



Brent Woodall Foundation for Exceptional Children Summer Social Skills and Language Camp Sign-up Form

We are very excited to begin this year's Summer Social Skills & Language Camps. There will be six camps each lasting one week (Monday – Thursday). Each camp is for a different age range so please contact Tracy Pierce Bender for more information on which camp will be most appropriate for your child. There is also a medical form that needs to be filled out and notarized. Additional paperwork may be required. If you need a notary, our receptionist Ann is a notary public.

My child, _____, will be attending:

- | | |
|---|--|
| <input type="checkbox"/> Camp 1
Social Skills Camp—Ages 8-12
June 20-23 (4:00-6:00) → \$175 | <input type="checkbox"/> Camp 4
Social Skills Camp—Ages 4-5
July 18-21 (1:00-4:00) → \$250 |
| <input type="checkbox"/> Camp 2
Social Skills Camp—Ages 2-3
June 27-30 (1:00-3:00) → \$175 | <input type="checkbox"/> Camp 5
Social Skills Camp—Ages 6-7
July 25-28 (1:00-4:00) → \$250 |
| <input type="checkbox"/> Camp 3
Language Camp—Ages 4-6
July 11-14 (1:00-3:00) → \$175 | <input type="checkbox"/> Camp 6
Handwriting Camp kindergarten-2 nd grade
August 1-4 (1:00-4:00) → \$250 |

Form of payment: Amount \$ _____

Check Cash Credit Card

Credit Card Number: _____

Exp. Date: _____ CVC Number (3 digits on back of card): _____

Name of Card Holder: _____

Phone Number: _____

Please make checks payable to Brent Woodall Foundation.
If there are any questions or concerns, please contact Tracy Pierce Bender at
tracy@woodallkids.org.

Emergency Contact and Medical Information for a Child

<hr/> <p>Child's Name</p>	<hr/> <p>Date of Birth</p>	M	F
		Sex	
<hr/> <p>Parent's/Guardian's Name</p>	<hr/> <p>Parent's/Guardian's Name</p>		
()	()	()	()
<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>	<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>
<hr/> <p>Address</p>	<hr/> <p>Address</p>		
<hr/> <p>City, ST ZIP Code</p>	<hr/> <p>City, ST ZIP Code</p>		

Alternative Emergency Contacts

<hr/> <p>Primary Emergency Contact</p>	<hr/> <p>Secondary Emergency Contact</p>
()	()
<hr/> <p>Home Phone</p>	<hr/> <p>Home Phone</p>
<hr/> <p>Work Phone</p>	<hr/> <p>Work Phone</p>
<hr/> <p>Address</p>	<hr/> <p>Address</p>
<hr/> <p>City, ST ZIP Code</p>	<hr/> <p>City, ST ZIP Code</p>

Medical Information

Hospital/Clinic Preference

<hr/> <p>Physician's Name</p>	<hr/> <p>Phone Number</p>
<hr/> <p>Insurance Company</p>	<hr/> <p>Policy Number</p>

Allergies/Special Health Considerations

In the event of a medical emergency, I give my permission for the staff at the Brent Woodall Foundation to perform first aid and/or CPR on my child.

<hr/> <p>Parent's/Guardian's Signature</p>	<hr/> <p>Date</p>
<hr/> <p>Notary Signature</p>	<hr/> <p>Date</p>