



Summer Connections 2011 - Registration Form

Harleysville, PA Location

Child's Name: _____ Age: _____

Child's Address: _____

City: _____ State: _____ Zip: _____

Child's Phone: _____

★ Mother's Name/Legal Guardian:

Name: _____

Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____ Cell Phone Number: _____

★ Father's Name/Legal Guardian:

Name: _____

Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____ Cell Phone Number: _____

★ **Person(s) With Whom Your Child May Be Released:**

Name: _____

Home Address: _____

Daytime Phone Number: _____ Cell Phone Number: _____

Name: _____

Home Address: _____

Daytime Phone Number: _____ Cell Phone Number: _____

★ **Emergency Contact Information (Person Other Than Parent/Guardian)**

Name: _____

Home Address: _____

Daytime Phone Number: _____ Cell Phone Number: _____

Name: _____

Home Address: _____

Daytime Phone Number: _____ Cell Phone Number: _____

★ **Child's Physician/Medical Care Provider:**

Doctor's Name: _____ Phone number: _____

Child's Health Insurance/Medical Assistance Benefits: _____

Policy #: _____ Medication, Special Conditions: _____

Allergies (including medication reaction): _____

Emergency Medical/Dietary Information: _____

Additional information on special care needs of child: _____

Check box if a severe allergy action plan is required.

★ ***If box is checked, please provide a copy with your registration form.
Attach additional medical information as needed.***

★ Authorization For Emergency Hospital Or Medical Treatment :

In the case of an emergency due to illness or accident, when it is thought advisable to have immediate medical attention for my child, I, _____ hereby authorize Teamwork Wins Ltd. to send my child to the nearest hospital. I agree to meet the staff at the hospital as soon as possible after being notified. I understand that I must bear all expenses involved, including those incurred to transport my child to the hospital. In the event of a minor injury, I authorize Teamwork Wins Ltd. to administer minor First Aid to my child.

Parent/Guardian Signature: _____

Date: _____ Relationship to child: _____

I authorize TWW to use photographs of the weekend program in which my child may appear for publicity or promotions:

Parent/Guardian Signature: _____ Date: _____

★ Diagnosis/Symptomatic Behaviors :

Please list your child's diagnosis: _____

Is he/she aware of diagnosis? ___ How do you refer or talk about your child's diagnosis/behaviors? ___

Please list current support services in place for your child, e.g. Wraparound, Speech and Language, ABA, etc: _____

Please help us understand your child by describing his/her behaviors, triggers and suggestions on how you handle the symptomatic behaviors: _____

★ **Payment Options:**

Pay \$50 Deposit by 4/1/11 and Full Payment by 6/7/11 = \$295

Pay \$50 Deposit after 4/1/11 and Full Payment by 6/7/11 = \$315

Pay in Full after 6/7/11 = \$325

Enclosed is \$50 deposit/week _____ Enclosed is Full Payment _____

Make Check Payable To: *Teamwork Wins Ltd.*

Mailing Address: *TWW
PO Box 374
Red Hill, Pa 18076*

Please Charge My: **Mastercard** _____ **Visa** _____ **Amount of:** _____

Account #: _____ Exp. Date: _____ Security Code _____

Signature: _____

For more information, email  info@teamworkwins.org

or

Call **267-325-0796**

Please **CIRCLE** the weeks that your child will be attending
Monday through Thursday : 9:00am- 2:00 pm

Week of:

June 27- 30

July 4 - 7

July 11-14

July 18-21

July 25 – 28

Aug. 1-4

Aug. 8-11

Aug 15-18

Aug 22-25

Aug 29-Sept 1