



## RDI<sup>®</sup> Summer Program Registration Form

*If you have more than one child attending camp, please fill out one form for each child.  
Thank you.*

### Summer Programs

*\*Put a check mark next to the program of your choice.*

<input type="checkbox"/>	Summer Camp	<input type="checkbox"/>	Pre-Vocational Program
<input type="checkbox"/>	Circle of Friends	<input type="checkbox"/>	Customized Extender Program
<input type="checkbox"/>	Community Service Group	<input type="checkbox"/>	Group Yoga

### Child Information

Child's Name	First:	Last:
Date of Birth:	Age:	Select one: MALE / FEMALE
Parent Name	First:	Last:
Parent Name	First:	Last:
Sibling Name	First:	Last:
Sibling Name	First:	Last:

### Contact Information

Home Address:	
City/ State/ Zip:	
Phone #:	Cell #:
Email:	

## Additional Participant Information

Diagnosis:
Are you currently participating in an OT/RDI <sup>®</sup> program?  If yes, what are the current targets (parent and child):    Length of time in OT/RDI <sup>®</sup> program:
Any obstacles you would like to share about your child:
Special dietary conditions:
Special medical conditions:
<u>Emergency Contact</u> <i>*Please list someone other than parents, as a supplementary contact for your child</i>
Name:
Relationship to child:
Phone #:
Cell Phone #:



PLEASE SIGN RELEASE BELOW:

I understand that RDI<sup>®</sup> camp is an optional RDI Program where my child will engage in supervised activities designed to enhance his/her RDI<sup>®</sup> Program. I unconditionally release Therapeutic Approach to Growth, Inc., its agents and/or employees for any accident or occurrence.

Parent Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_