**MUSHC TIM’S Camp Registration**

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| **Client:**  | **DOB:**  | **Age:**  |
| **Primary Contact:**  | **Relationship to client:** |
| **Contact Information. Please write in order of preferred means of contact.** |
| **Order of contact** | **E-mail or phone number**  | **Client, Mother, Father, Spouse, etc.** | **Leave a message? Y/N** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |

**Date of Camps:**

Please circle your preference of dates:

**Camp 1**-May 31st to June 16th

**Camp 2**-June 20th to July 14th

1. If your child is in school, what is their final date of attendance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) If you / your child will be participating in other activities during the summer, including extended year services/summer school, speech/language therapy, occupational therapy, physical therapy, hippotherapy, play groups, in-home behavioral therapy, social skills groups, reading instruction, tutoring, sports activities, camps, etc. please list them each here, including dates and frequency of occurrence:

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