

# HAPPY TRAILS CAMP

## REGISTRATION FORM

**\*\* PLEASE USE ONE FORM PER CAMPER \*\***

Please complete one form per camper registered. Return completed, signed form, along with camp registration fees, to:

**NCEFT**

Attn: Happy Trails Camp Registration  
880 Runnymede Rd.  
Woodside, CA 94062

Camps registration will be held on a first-come, first-serve basis with priority given to current NCEFT patients.

**CAMP DATES:**

SESSION 1: August 3-7  
SESSION 2: August 10-14

**TIME:**

9:30a – 1:30p

**REGISTRATION FEES:**

Early Bird Discount (register by May 1): \$475 per child per week

Regular Camp Fees (register after May 1): \$495 per child per week

Siblings receive 10% discount on their registration  
For example, if 2 campers register for the Early Bird Discount, fees would be  $\$475 + \$427.50 = \$902.50$

**CANCELLATION POLICY:**

Cancellation policy: cancellations must be made in writing to NCEFT.

Cancellations prior to July 1 can be made at no charge.

Cancellations July 1 – 15<sup>th</sup> are eligible for a 50% refund.

Cancellations after July 15<sup>th</sup> are non-refundable.



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Camper's Full Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Select Camp Session:    Session 1 (Aug 3-7) \_\_\_\_\_    Session 2 (Aug 10-14) \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Email: \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Camper's School: \_\_\_\_\_ Grade (fall '15): \_\_\_\_\_

Will camper's siblings be attending camp? Please list names: \_\_\_\_\_

T-Shirt Size (circle one): CHILD: Sm Med Lg XL    ADULT: Sm Med Lg XL

Does your camper have a formal diagnosis?: Yes No

If yes, what is his/her diagnosis: \_\_\_\_\_

Camper's allergies/dietary needs: \_\_\_\_\_

**Questions**

1. What are your camper's strengths? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. What are your camper's areas of need? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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3. Does your camper currently participate in any therapies (PT/OT/SLP/MFT)?

If so, where is the location and how often does he/she participate? \_\_\_\_\_

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4. Are you aware of any sensory needs your child has?: Yes No

If Yes, what are his/her sensory needs? \_\_\_\_\_

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5. Please list any medical conditions, current medications, or pertinent medical information/history. \_\_\_\_\_

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6. Please list any mobility issues and/or mobility devices used: \_\_\_\_\_

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I, \_\_\_\_\_ (PARENT/GUARDIAN) want to enroll \_\_\_\_\_

\_\_\_\_\_ (CAMPER NAME) in Happy Trails Camp at NCEFT. I understand that registration fees are due at the time of sign up, and I can cancel without penalty before July 1. Cancellations between July 1 and July 15 are subject to 50% cancellation fee. Cancellations after July 15 are nonrefundable. I understand that NCEFT will work with me to determine any special needs of my campers, and that in some instances I may be asked to provide a 1:1 aide. I agree to abide by all rules, written and implied, at NCEFT. I agree to abide by all prior General Agreement and Release of Liability, Media Release Forms and other forms/agreements on file with NCEFT.

PRINT PARENT/GUARDIAN NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_