REGISTRATION FOR SUMMER 2016 INTENSIVE DAY PROGRAM

Please return completed form in person, mail, email, or fax NO LATER THAN July 1st

phone:



Name

Camp Care, Inc

106 Route 66 East, Columbia CT 06237 Ph: 860-228-8843 fax: 860-228-2694

Email: info@campcarekids.org

Friday August 12-Sunday August 14

Address				
Current Email:				
Please complete each section				
About yourself/camper				
<u>Camper</u>		<u>Professional</u>	Non Professional	T-Shirt Size request
Name:		<u>Volunteer</u> :	Other Volunteer	How many/Size
				Child #size:
		☐ PT ☐ OT		Adult <u>#</u> size:
		MT		
		other		(extra shirt \$10 donation)
		Student? Ck		Extra shirt? How many/size:
		above and student		#Size <u>: ChildAdult</u>
	Friday	Attend 9-12 Group	Dizza/Salad family	night
	Filuay	Therapy Session	Pizza/Salad family night Yes No	
70		Yes No		
ë			# Adults	
att			# Children	
gu			Special diet:	
ž			Special dict.	_
ts-				
Events- now if y	Saturday	Attend 9-12 Group	Catered BBQ dinne	er Talent Show
J S		Therapy Session	Yes No	Yes No Maybe
l sn		□ vaa □ Na	# Adults	
et		☐ Yes ☐ No	# Children	Act name(singing/dancing etc):
se			Special diet:	_
Events- please let us know if you can attend	Sunday	Attend 9-12 Group T	herapy Session	
		☐ Yes ☐ No		

- Most activities will be held on the Crossroads PT Campus unless otherwise indicated.
- Lunch (12-1) is on your own tables on site are available
- Columbia Lake Beach will be available to Camp Care families Fri and Sat afternoon 1-5pm
- Massage Therapy also available; Detailed schedule coming soon

*** Crossroads Physical Therapy will give priority scheduling to Camp Care participants for individual therapy sessions from 1-5pm, Fri 8/12, and Sat 8/13. This is a regular fee based service.

Please call 860-228-0194 right away to schedule appointments.