## **REGISTRATION FOR SUMMER 2017 INTENSIVE DAY PROGRAM**

~ August 11, 12, 13 ~ Please return this form by July 14<sup>th</sup> 2017.

phone:



Name\_

## Camp Care, Inc

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

Email: info@campcarekids.org

CELEBRATING 15 YEARS! 2002-2017

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
		☐ PT ☐ OT ☐ MT		Child #size: Adult #size:
		other		(extra shirt \$10 donation)
		Student -		Extra shirt? How many/size:
		studying:		#Size: Child Adult
Events- please let us know if you can attend	Friday	Attend 9-12 Group Therapy Session  Yes No	Pizza/Salad family night  Yes No  # Adults  # Children Special diet:	
Events- ise let us know if y	Saturday	Attend 9-12 Group Therapy Session  Yes No	Catered BBQ dinne Yes No Adults Children Special diet:	Yes No Maybe  Act name(singing/dancing etc):
plea	Sunday	Attend 9-12 Group T	herapy Session	•

- 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 8/11, and Sat 8/12. This is a regular fee based service. Please call 860-228-0194 right away to schedule appointments.