



2022 CAMP REGISTRATION



DEMOGRAPHIC INFO:

Child's Name: _____ Child's Nickname: _____

DOB: _____ Gender: Male/Female/Non-Binary Age: _____

School: _____ Grade: _____

Parent/Guardian Name: _____

Home Address: _____ CITY: _____ STATE: _____ ZIP: _____

Parent/Guardian Email: _____

Parent/Guardian Primary Phone #: _____ Alternate Phone #: _____

Emergency Contact:
Name: _____ Phone #: _____

Relationship to client: _____

BRIEF MEDICAL HISTORY:

Medical Diagnoses: _____

Previously attended therapy (OT/PT/Speech) Yes/No Location: _____

Any other services currently being utilized? (counseling, psychology, psychiatry, chiropractor, behavioral, etc):

Allergies (including food) Yes/No
Please list: _____

Current medications: _____

Are there any precautions or activities your child should not participate in? If so, please list and explain: _____

Any current physical limitations? If so, please list and explain: _____

BEHAVIORS AND SOCIAL SKILLS

Personality strengths: _____

Triggers or known areas of difficulty: _____

What helps to calm your child: _____

SAFETY:

Can your child independently participate in a small group? Yes/No

If no, explain: _____

Will your child run off into the woods/street? Yes/No

Does your child listen to directions most of the time: Yes/No

Any other safety concerns you can share at this time: _____

GROUP SNACKTIME

Does your child have any difficulty with eating: Yes/No If yes, explain: _____

Does your child have any dietary restrictions: Yes/No If yes, please list:

GROUP SPECIFICS:

How did you hear about our camps? _____

Name 1-2 goals you would like your child to work on in camp: _____

ADDITIONAL INFORMATION:


Is there anything else you would like us to know about your child that has not been addressed in the previous questions: _____

**IMPORTANT: DEADLINE FOR SCHOLARSHIPS AND REGISTRATION
DUE 3 WEEKS PRIOR TO CAMP START DATE**

PLEASE SELECT A FALL CAMP BELOW:


**THE FOLLOWING CAMPS WILL TAKE PLACE AT:
3501 45TH ST. SOUTH SUITE A
FARGO**






Social Connections Fall Session
Grades K-3*
Tuesdays 3:45-5:15
October 11th to November 29th, 8 weeks

\$250.00



Social Connections Fall Session
Grades 4-8*
Thursdays 3:45-5:15 PM
October 13th to December 1st, 8 weeks
(skipping Thursday, November 24th due to Thanksgiving)

\$250.00

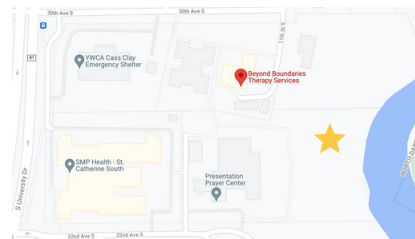



"Life Skills" Fall Session
15 years or older
Mondays 4:00-6:00 PM
September 19 to November 21, 10 weeks



**LOCATION
WILL VARY!
\$385.00**

**NATURE CAMP LOCATION:
3001 11TH ST. SOUTH FARGO
(GREEN SPACE BY THE RIVER)**





"Let's Grow Outside" Fall Session
Elementary Ages
Tuesdays 3:45-5:15 pm
September 6 to October 25 (8 weeks)

\$300.00

Questions about ages/grades that are eligible for this camp?
Please contact joni@beyondboundaries.us



CAMP REGISTRATION

2022

WOULD LIKE TO REQUEST SCHOLARSHIP ASSISTANCE

Yes (Scholarship form available on website: houseofeverydaylearning.com)

No

If marked yes, please print the scholarship or request one via email (laura@beyondboundaries.us).

Following review of the completed information, the House of Everyday Learning scholarship committee will contact you regarding determination of scholarship assistance based on financial need.

Please note: there is a limit of amount of dollars per household per year.

Scholarship applications and all required documentation are due 3 weeks prior to camp start date.

I WOULD LIKE TO MAKE A DONATION TO HELP SPONSOR A CHILD TO ATTEND A GROUP PROGRAM:

Yes

No

Donation amount enclosed: \$_____

(Please send a separate check payable to the "House of Everyday Learning". Thank you for your donation!

PHOTO USE:

We love to capture our fun! Please check ONE below:

I give permission for pictures to be taken of me and/or the undersigned minor child for use in House of Everyday Learning social media, printed publications, website and/or marketing materials

Permission to use first name only: YES NO

I DO NOT authorize pictures to be used in social media, printed publications, website, and/or marketing materials.

ADDITIONAL INFORMATION:

I hereby give my child permission to participate in a House of Everyday Learning Camp. I also agree to hold House of Everyday Learning harmless for all liability incurred as a result of my child's participation.

Parent/Guardian Signature

Date

PAYMENT INFORMATION:
CHECK: PAYABLE TO:
HOUSE OF EVERYDAY LEARNING

VENMO: @HOEL3001
(INDICATE NAME OF CHILD/CAMP IN SUBJECT LINE)

PLEASE RETURN REGISTRATION FORMS TO:
3001 11TH ST. SOUTH FARGO ND 58103
CAMPS ARE NON-REFUNDABLE

QUESTIONS:
TRUDY@BEYONDBOUNDARIES.US