



# 2023 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

**2023**

**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: \_\_\_\_\_

**PLEASE SELECT A FALL CAMP BELOW**

**NATURE CAMP SCHOOL AGES (8 WEEKS)**

September 5-October 24

Tuesdays 3:30-5:00 pm

**\$300.00**

**NATURE CAMP TAKES PLACE AT: 3001 11TH ST. SOUTH FARGO (GREEN SPACE BY RIVER)**

**SENSATIONAL TYKES! AGES 2-4 (6 WEEKS)**

September 20-October 25

Wednesdays 8:30-9:30 am

**\$180.00**

**SENSATIONAL TYKES TAKES PLACE AT: 3501 45TH ST. SOUTH SUITE A FARGO**



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**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**