



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 SPRING CAMP BELOW

SENSATIONAL TYKES 2 YEAR OLD SESSION (6 WEEKS)
April 5-May 10th Wednesdays 8:30-9:30

\$180.00

SENSATIONAL TYKES 3 & 4 YEAR OLD SESSION (6 WEEKS)
April 5-May 10th Wednesdays 10:00-11:00

\$180.00

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

PLEASE SELECT SUMMER CAMP BELOW

SOCIAL CONNECTIONS K-3RD GRADE (8 WEEKS)
June 6-August 1st (skip 7-4-23)
Tuesdays 8:30-10:00

\$300.00

SOCIAL CONNECTIONS 4TH-8TH GRADE (8 WEEKS)
June 8-August 3rd (skip 7-6-23)
Tuesdays 10:30-12:00

\$300.00

SOCIAL CONNECTIONS TAKES PLACE AT: 3501 45TH ST. SOUTH SUITE A FARGO

YOUNG ADULT LIFE SKILLS AGE 15+ (10 WEEKS)
June 5-August 14 (skip 7-3-23)
Mondays 3:00-4:45 PM

\$440.00

YOUNG ADULT LIFE SKILLS TAKES PLACE AT: LOCATIONS WILL VARY

SUMMER CAMPS CONTINUED

NATURE CAMP PRESCHOOL AGES (4 WEEKS)

7/19, 7/26, 8/2, 8/9

Wednesdays 8:30-10:00

\$150.00

NATURE CAMP ELEMENTARY AGES (4 WEEKS)

7/19, 7/26, 8/2, 8/9

Wednesdays 11:00-12:30

\$150.00

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

PLEASE SELECT A FALL CAMP BELOW

NATURE CAMP SCHOOL AGES (8 WEEKS)

September 25-October 24

Mondays 3:00-4:45 PM

\$300.00

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

SENSATIONAL TYKES! 2 YEAR OLD SESSION (6 WEEKS)

September 20-October 25

Wednesdays 8:30-9:30

\$180.00

SENSATIONAL TYKES! 3 & 4 YEAR OLD SESSION (6 WEEKS)

September 20-October 25

Wednesdays 10:00-11:00

\$180.00

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



**IMPORTANT: DEADLINE FOR SCHOLARSHIPS AND REGISTRATION
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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**