

# Little Butterflies & Social Butterflies



## Summer Camp 2011

### Enrollment Application:

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

DOB: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Ph # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Pediatrician and phone # \_\_\_\_\_

Food Allergies or Special Diet: \_\_\_\_\_

Please list all medications your child is taking: \_\_\_\_\_

Please list areas of concerns and goals you have for your child: \_\_\_\_\_

\*\* Registration Deadline: May 20, 2011, \*\*\*Payment IN FULL must be received with Registration Form to reserve your spot!  
Non-refundable registration fee: \$50

**Please check Session(\*3 week minimum) CHECK SESSION ONE, SESSION TWO OR BOTH**

Session One: June 27 thru July 15th (closed July 4th): \_\_\_\_\_

Session Two: July 18th thru Aug 5th: \_\_\_\_\_

Both Sessions One & Session Two: \_\_\_\_\_

•COST IS \$150/WEEK OR \$450/SESSION \*Visa and Mastercard are accepted or make checks payable to: **Beyond the Spectrum, Inc., 7037 Professional Parkway, Sarasota, FL 34240**

**Phone: (941) 907-3443 Email: [beyondthespectrum@yahoo.com](mailto:beyondthespectrum@yahoo.com)**  
**[www.beyondthespectrum.org](http://www.beyondthespectrum.org)**



Signature \_\_\_\_\_ Date: \_\_\_\_\_