



# THE SOCIAL LEARNING CONNECTION

## The Social Learning Connection Summer Express 2014

### Registration Form

Please complete this registration form and mail, email or fax (817-568-8363) to the address provided:

Attn: Amanda Glass-Doro

6040 Camp Bowie #57

Fort Worth, Texas 76116.

The information that you provide below will help us understand your child's abilities and challenges. Please feel free to make comments or notes that may be helpful as we plan for a great week of fun and work.

Date \_\_\_\_\_

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

Each session meets for 3.0 hours per day for one week.

Please check the session your child will be attending.

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_

Name of Parent(s) \_\_\_\_\_

Address \_\_\_\_\_

City, Zip \_\_\_\_\_

Contact Phone # \_\_\_\_\_

Email \_\_\_\_\_

| July 14 <sup>th</sup> -18 <sup>th</sup> |             |  |
|-----------------------------------------|-------------|--|
| Session 1<br>elementary                 | 9:00-12:00  |  |
| Session 2<br>secondary                  | 1:00 – 4:00 |  |

| T-SHIRT SIZE |    |
|--------------|----|
| YS           | S  |
| YM           | M  |
| YL           | L  |
| YXL          | XL |

Comments: \_\_\_\_\_

Current Educational Setting:  Public School  Private School  Home-Schooled  Combination

Current Services:  OT  Speech  Other: \_\_\_\_\_

#### Diagnostic Label:

No Diagnosis  ADHD  ADD  Non-verbal Learning Disorder (NLD)  Asperger's Syndrome

Expressive/Receptive Language Delay  Pervasive Developmental Disorder (PDD)  Anxiety

Other: \_\_\_\_\_  Any Food Allergies: \_\_\_\_\_

#### Permission to use video or pictured image & audio recording

The use of video, picture image and audio recordings are an essential component to The Social Learning Connection. We utilize images and videos to demonstrate and discuss social thinking concepts. During camp your child will participate in role-play situations and activities that help reinforce concepts and ideas. It is helpful to be able to review and discuss our performances and behaviors.

I give permission for The Social Learning Connection to use the image of my child, \_\_\_\_\_, within the Social Learning, Summer Express setting, for educational and teaching purposes.

I give permission to audio/video tape my child for educational purposes.

**\*\*** Occasionally in the course of recording during camp we will capture an interaction that accurately illustrates a particular concept or strategy of the social learning philosophy of SLC. In this instance we would like the opportunity to use this video in a training/conference setting. The video will be used to educate fellow professionals about how to employ techniques that are being discussed.

*Check only if you are comfortable with this option:*

I give permission for video or pictures of my child to be used in **both** Summer Express and conference settings.

Deposit Included (\$50) or  Full Payment Included (\$250)

Cash

Check #

Parent Signature: \_\_\_\_\_