

2024 AUTISM SUMMER CAMP REGISTRATION FORM

The camp is for children ages 5-12. Each session is limited to 15 campers. **REGISTRATION DEADLINE IS JUNE 1, 2024**



AUTISM: WE CARE

CHILD'S INFORMATION				
LAST NAME:		FIRST NAME:		MI:
DATE OF BIRTH:	AGE:	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F		
TYPE OF AUTISM:		DIAGNOSIS AGE/DATE:		
ADDRESS:				
CITY:	STATE:	ZIP CODE:		
PARENT/GUARDIAN INFORMATION				
MOTHER/GUARDIAN'S LAST NAME:		MOTHER/GUARDIAN'S FIRST NAME:		
HOME PHONE:	CELL PHONE:	EMAIL:		
FATHER/GUARDIAN'S LAST NAME:		FATHER/GUARDIAN'S FIRST NAME:		
HOME PHONE:	CELL PHONE:	EMAIL:		
EMERGENCY CONTACT				
Name of someone other than the child's parent.				
PERSON 1:	RELATIONSHIP:	PHONE NUMBER:		
PERSON 2:	RELATIONSHIP:	PHONE NUMBER:		
HEALTH INFORMATION				
CHILD'S DOCTOR:	CLINIC:	PHONE:		
SPECIAL HEALTH CONCERNS:				
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT				
I authorize emergency medical treatment for my child in the event a parent/guardian or emergency contact cannot be reached in a timely manner.				
PARENT SIGNATURE:			DATE:	
CAMP SESSIONS: you may choose any one, two, three, or all four sessions				
Place a mark in the box next to your first choice of session(s).		Tuition Guide		
<input type="checkbox"/> SESSION I: JULY 8 – JULY 11, 2024 (MONDAY – THURSDAY) 9AM – 1PM		Any one session - \$150		
<input type="checkbox"/> SESSION II: JULY 15- JULY 18, 2024 (MONDAY – THURSDAY) 9AM – 1PM		Any two sessions - \$300		
<input type="checkbox"/> SESSION III: July 22- July 25, 2024 (MONDAY – THURSDAY) 9AM – 1PM		All three sessions - \$427 (5% discount)		
CAMP T-SHIRT				
Please place a mark next to your child's t-shirt size.				
<input type="checkbox"/> YOUTH SMALL <input type="checkbox"/> YOUTH MEDIUM <input type="checkbox"/> YOUTH LARGE <input type="checkbox"/> ADULT SMALL <input type="checkbox"/> ADULT MEDIUM <input type="checkbox"/> ADULT LARGE				
DONATION				
Donations help fund our scholarship programs and expand our camp curriculum. Please place a mark next to your selection.				
<input type="checkbox"/> \$25		<input type="checkbox"/> OTHER:		
<input type="checkbox"/> \$50		<input type="checkbox"/> I DO NOT WISH TO DONATE AT THIS TIME		

PLEASE SEND THIS COMPLETED FORM ALONG WITH YOUR PAYMENT TO:

make checks payable to Texas State University
Jenn Ahrens, PhD, Director of Autism Summer Camp
 Department of Health and Human Performance Texas State University
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