

June 21-24 Ages 8-12

ALLEN KIDS CAMP

Therapeutic Day Camp

Led by Licensed Art & Play Therapists

Camp therapy topics include:

- Social Skills
- Self-Esteem
- Friendship Building
- Confidence
- Assertiveness
- Socially Anxious

BursonCounseling.com

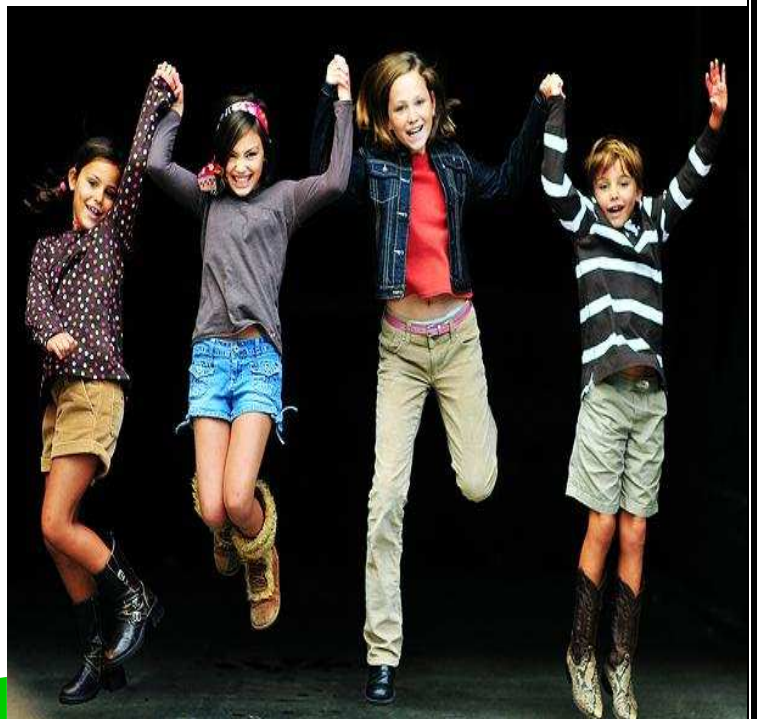
Jackie Burson,

LPC, RPT

Brooke Komar,

LPC, ATR

972-984-2071



Allen Therapeutic Summer Camp, Ages 8-12
Registration Form
BursonCounseling.com
972-984-2071

June 21-24th
9:00 a.m.-noon

Camper Information

Name: _____ Date of Birth: _____ / _____ / _____

Age: _____ Gender (Circle One): Male Female School Grade: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Medical Conditions: _____

Allergies: _____

Home Phone: _____ Cell Phone: _____ Email (parent): _____

T Shirt Size (Circle One): Child: S M L XL Adult: S M L XL XXL

Parent/Guardian Information

Name: _____ Relationship to Participant: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Is the Above Person Authorized to Pick-Up My Child at the End of Each Day or in the Event of an Emergency: Yes No Work Number: _____

Emergency Contact Information

The first attempt will be made to contact the camper's parents/guardians. Emergency Contacts listed below must be able to pick your child up in the event of an emergency.

Emergency Contact: _____ Phone: _____

Is the Above Person Authorized to Pick-Up My Child at the End of Each Day or in the Event of an Emergency: Yes No

Terms and Conditions of Enrollment

1. Camp is Monday through Thursday, June 21-24th. Camp begins at 9:00 a.m. and ends at noon. Campers MUST be picked up promptly at noon.
2. Camp fee is \$400 due at time of enrollment by check made out to Burson Counseling, PLLC. A 50% refund will be given before May 1st. All cancellations after May 1st will NOT be given a refund. A \$25 returned check fee WILL apply.
3. Snacks and water/juice will be provided. Campers are allowed to bring own snack/drinks if preferred.
4. No refund will be granted if the camper leaves camp on his/her own account or is removed from camp due to an inability to follow camp rules. First, child will be given a warning, then a time out, and lastly a parent will be called.
5. I give my permission for _____ to take part in Allen Kids Therapeutic Summer Day Camp Program at Burson Counseling. My child, to the best of my knowledge, is in good physical and mental condition. I understand the majority of the camp is inside although some activities require going outside, and that all appropriate precautions will be taken for the safety of your child. I give my permission to Burson Counseling to administer proper medical assistance to the above named participant. I agree not to hold Burson Counseling or any of their agents responsible in the event of injury to my child.

Parent/Guardian Signature

Date

**By signing above I agree to all the terms and conditions of enrollment*

Please return this form along with full payment of **\$400 (check or money order)** to:

Burson Counseling, PLLC

P.O. Box 122

Allen, Tx 75013

Contact Info: Jackie Burson

Jackie@bursoncounseling.com

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