



SUMMER CAMP

JUNE 13-JULY 21

JOIN US FOR AN ADVENTUROUS SUMMER EXPERIENCE WITH THEMES:

- **INSIDE OUT**
- **STAR WARS**
- **WIZARDS AND MAGIC**
- **WILDEST DREAMS**
- **ROCK 'N ROLL**
- **CARRY YOUR FLAG**

Each week your child will explore a new weekly theme through DRAMA, ART, MUSIC THERAPY, and DANCE. Campers will attend weekly workshops led by Aaron Lopez (MFA, Hunter Heartbeat Method), in addition to Art and Music Therapy Groups, and will learn a dance based on the theme of the week. Classroom teachers will continue the fun with cooking, outdoor play, crafts, and activities centered in Creative Arts, and academics. This active and engaging camp will ignite the creative side in every child. Camp runs Monday-Thursdays, 9:00 AM-3:00 PM. Limited spots available for Medicaid waiver funding. Cost is \$3000 (ASD/Related Disorders) Call office for Sibling/Peer Rate

Contact:

info@thelearningspectrum.com

Locations: Worthington/Canal Winchester/Newark/Sunbury

614-844-5433



2016 Summer Camp Registration

Due by March 17th

For more information please call 614-844-5433

Online registration available at www.thelearningspectrum.com

Group	Age Range	Days/Times	Special Needs Rate	Peer Rate	Check applicable
Preschool/ Toddler	5 and Below	M-Th 9-3:00	\$3,000	\$800	
School Aged	6 to 12	M-Th 9-3:00	\$3,000	\$800	
Teens	13 and up	M-Th 9-3:00	\$3,000	\$800	
Respite <small>*Only available during camp weeks</small>	All Ages	8:00-9:00 AM 3:00-5:00 PM	AM- \$10/day PM- \$15/hour	AM- \$10/day PM- \$15/hour	
Individual Education Services	All Ages	Available as Needed	\$35/hr at site \$45/hr home		

Child's Name: _____ DOB _____

Parent/Guardian _____ Phone: _____

Address _____

Email: _____ Location: _____

Amount Due _____ Payment Source: _____

For office use only

Non-Refundable Registration Fee of \$100 received by _____

Date: _____ Check # _____

Total Amount Received: _____

Therapy Summer Scheduling Form

Dear TLS Families,

We are now scheduling for summer therapy session, which runs **JUNE 13, 2016 – July 21st 2016**. Summer hours will be **8am-3:00pm, Monday-Thursday**. *Please note therapy will be available from 8:00-9:00 AM before summer camp only.*

Limited spots are available for therapies and acceptance is based on current student status in addition to current related IEP Goals/Objectives. An effort will be made to meet your scheduling needs to the best of our abilities. We are asking that you complete the form below and return it no later than **March 17th 2016**.

This summer therapy services will be offered at all locations based on availability. We will continue to bill the funding source we are currently utilizing for your child's therapy services*. If you have any questions or concerns please feel free to call the office at any time. Please return the bottom portion of this sheet.

Thank you,

Megan J. Coltoniak and Susan Mosure
Co-Therapy Directors

Child's Name: _____

This summer, I would like my child to receive one session of the following service(s):

Speech Therapy Occupational Therapy Music Therapy Individual Art Individual Drama

This summer, I would like my child to receive two sessions of the following service(s):

Speech Therapy Occupational Therapy Music Therapy Individual Art Individual Drama

Please indicate your top three day and time preferences.

1. Day: _____ Time: _____
2. Day: _____ Time: _____
3. Day: _____ Time: _____

*** PLEASE CONTACT US IMMEDIATELY IF YOU WANT US TO
BILL ANOTHER SOURCE FOR SUMMER THERAPY**