



125 Dillmont Dr.  
Columbus, OH 43235  
614-844-5433



# ENROLLMENT FORM

## Hello Summer 2017

### CAMPS HELD AT THE TLS CENTRAL LOCATION

**ART AND DRAMA CAMP - June 12-15, 9am - 3pm, Mon.- Thurs.**

COST: \$325 ONE-WEEK CAMP FOR SPECIAL NEEDS • \$150 / PEERS

**ANIMATION CAMP - July 17-27, 9am - 3pm, Mon.- Thurs.**

COST: \$650 TWO-WEEK CAMP FOR SPECIAL NEEDS • INQUIRE ABOUT PEERS & FUNDING SOURCES

**TOTAL DUE:** \_\_\_\_\_

*1/2 of the cost of the camps is due at time of registration and balance of each camp is due by May 31, regardless of which camp you decide upon.*

Funding Source:     Autism Scholarship-TLS Students Only     Delaware County     Private Pay

**PLEASE RETURN YOUR ENROLLMENT FORM BY FRIDAY, MARCH 24, 2017**

SEND ENROLLMENTS TO: [therapy@thelearningspectrum.com](mailto:therapy@thelearningspectrum.com)

Name of Child: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Emergency Contact Name / Number: \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Does your child need behavioral support? \_\_\_\_\_

\*Behavior Clause- In order to ensure all groups provide a safe and effective learning environment, The Learning Spectrum asks that student's behavior be manageable in a small group setting. The Learning Spectrum reserves the right to discuss the need for additional individual aid support for any child who is exhibiting behavior that takes away from the group.

I agree to pay the total amount, with the funding source as indicated above upon enrollment. I acknowledge the amount indicated is per 1-week program of HELLO SUMMER CAMP PROGRAMS. I understand that if my child should fail to attend any portion of this offering, there will be no refund or pro-rated amount returned to me. If TLS should happen to close due to weather related or unforeseen circumstances, an additional session will be added to the offering. If I cannot attend the additional session being offered, I acknowledge there will be no refund or pro-rated amount returned to me.

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