

Camp Connect Registration Form

Child's Name _____ Birthday _____

Parent's Name _____ Phone _____

Parent's Name _____ Phone _____

Parent's Email _____

Child lives with _____

Food allergies and sensitivities _____

Please describe social issues your child faces and needs help with (use back of page if needed)

Please provide a brief developmental history for your child (stressors, trauma, life changes and transitions). _____

What are your child's strengths? _____

Signature of Parent

Date

Please send application and check to Colorado Play Therapy 5378 Sterling Drive, Suite 5, Boulder, CO 80501. Visit www.coloradoplaytherapy.com/programs/ for more information.