

## Pediatric Speech Camp – Registration Form

Please complete all the sections below and return the form as soon as possible to reserve a camp spot.

### Section A: Camper Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: ☐ Female ☐ Male ☐ Other

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Section B: Parent/Guardian Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

If not the parent, please specify relationship to camper: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Best way to contact you? ☐ Email ☐ Cell ☐ Work ☐ Home

### Please select the camp you are registering for:

Pediatric Motor Speech Camp (5-6 yr olds): July 7 - 11, 2025

Pediatric Speech & Language Camp (5-6 yr olds): July 14 - 18, 2025

Pediatric Motor Speech Camp (7-8 yr olds): July 21 - 25, 2025

Pediatric Speech & Language Camp (7-8 yr olds): July 28 – Aug. 1, 2025

Reading & Writing Connections Camp (8-10 yr olds): Aug. 11 – 15, 2025

Reading & Writing Connections Camp (8-10 yr olds): Aug. 18 - 22, 2025

## Section C: Emergency Contact Information

Please list at least two individuals we may contact in case of an emergency and/or you authorize to pick-up your camper at the end of the day.

### Primary Emergency Contact

Full Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Best way to contact? ☐ Email ☐ Cell ☐ Work ☐ Home

### Secondary Emergency Contact Required:

Full Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Best way to contact? ☐ Email ☐ Cell ☐ Work ☐ Home

## Section D: Speech and Language Information

1. Describe your child's communication difficulties in your own words?  
(Please mention all areas of concern below):

2. Has your child been seen by a Speech-Language Pathologist? ☐ Yes ☐ No

If yes, by whom (e.g., tykeTALK or name of private SLP)

\_\_\_\_\_

For how long? \_\_\_\_\_

Focus of treatment (e.g., speech clarity, building vocabulary, using sentences, social skills)

3. Self-help skills: My child can independently:

Use the toilet?	Yes	No
Eat and drink?	Yes	No
Put on shoes and jacket?	Yes	No

4. My child has a diagnosis or suspected diagnosis of the following: (Please check all that apply)

Articulation/Phonological Disorder	Yes	No
Expressive Language Delay	Yes	No
Receptive Language Delay	Yes	No
Childhood Apraxia of Speech	Yes	No
Dysarthria	Yes	No
Autism Spectrum Disorder	Yes	No
Challenging Behaviours	Yes	No
Hearing Loss	Yes	No
Developmental Delay	Yes	No
Other, please specify below:	Yes	No

5. How does your child's speech affect the following:

	Sometimes	Frequent	Most of the time
Participation in school activities?			
Interaction with other children?			
Interaction with family members?			
Willingness to talk and communicate?			
Self-esteem or attitude toward self?			

6. Please add any other information you think is relevant below:

7. What else do you think we should know about your child (e.g., hobbies, interests, social skills)?

## Section E: Medical History and Current Health Status

8. Are there any medical concerns (i.e., asthma, mobility, hearing loss)? ☐ Yes ☐ No

If yes, please describe below:

9. If your child has a special medical or health concern, are there any special care instructions we should be aware of to help support your child? ☐ Yes ☐ No

If yes, please describe below:

10. Does the child have food allergies or other allergies? ☐ Yes ☐ No

If yes, please describe below:

11. Does the child carry an epi-pen or auto injector? ☐ Yes ☐ No

12. What are the common symptoms your child experiences when having an allergic reaction?

13. What steps should be followed in the event of an allergic reaction?

14. Is your child currently taking any medication?

☐

Yes

☐

No

If yes, please provide instructions if administration is required:

Please email the completed form to [speechandhearingclinic@uwo.ca](mailto:speechandhearingclinic@uwo.ca) or drop it off at the clinic.