

## Pediatric Speech Camp – Registration Form

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

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

- ☐ Summer Speech and Language Camp (7-8 years): July 6-10, 2026
- ☐ Summer Speech Camp (5-6 years): July 13-17, 2026
- ☐ Summer Speech and Language Camp (7-8 years): July 20-24, 2026
- ☐ Summer Speech Camp (5-6 years): August 10-14, 2026

### Section A: Camper Information

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

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Pronouns: ☐ she/her ☐ he/him ☐ they/them ☐ Other

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

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

### Section B: Parent/Guardian Information

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

Other caregivers: \_\_\_\_\_

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

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

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

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

## 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)

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:

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

6. Please add any other information you think may best prepare us to meet the needs of your child (e.g., areas of interest, leaning style, strengths, things that help your child feel calm or safe)

[illegible]

## Section E: Medical History and Current Health Status

7. Are there any medical concerns?

☐ Yes ☐ No

If yes, please describe below:

8. 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:

9. Does the child have food allergies or other allergies?

☐ Yes ☐ No

If yes, please describe below:

10. Does your child carry an epi-pen or auto injector?

☐ Yes ☐ No

11. Do you give us permission to use the epi-pen or auto injector in the event of an anaphylactic emergency?

☐ 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). Alternatively, you can drop off the completed form to one of the Program Assistants at reception in the clinic.

Once we receive your registration form, we will review it and determine if your child is eligible for services. We will then contact you to either let you know that your child is not eligible for services or offer a spot in the camp and then collect payment.

**Cancellation Policy:** A full refund will be provided for cancellations 60 days prior to the start date of the camp minus a \$75.00 administration fee.