

Jacqueline Alexander, MA, LPC, NCC

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Application for Summer Camp 2017 in Charlton, MA

Welcome! We are so glad that you are interested in our summer retreat which will be held from July 29- August 12, 2017 in Charlton, MA! We are limiting camp enrollment to 45 participants, so we feel it is essential that the group be comprised of participants who are compatible, safe, and who are excited about the retreat experience. We sincerely appreciate your taking the time to complete the following application and returning it via fax, email or regular mail. Please feel free to contact us if you should have any questions. Please note that completion of the application does not guarantee acceptance to the retreat program.

Your son or daughter's name: _____

Date of Birth: _____

Address: _____

Parent(s) Name(s): _____

Home phone: _____ Cell phone: _____ E-mail: _____

Your son or daughter's primary diagnosis: _____

Does your son or daughter receive special education or state supported services? Y N If so, please identify:

Does your son or daughter experience any behavioral challenges (physically or verbally aggressive behavior)?

Y N

If yes, please specify: _____

Does your son or daughter receive counseling services? Y N

If yes, please identify the provider and complete the attached release form and return it with this document so that we might contact the provider regarding his/her work with your child.

Name of provider: _____ Phone number: _____

Does your son or daughter have any allergies? Y N If so, please explain: _____

Does your son or daughter take any medication? Y N If yes, please list medications and dosages below:

Does your son or daughter have any dietary restrictions? Y N If yes, please explain: _____

Please describe any fears that your son or daughter might have: _____

On a scale of 1-5, with 5 being the most intense, how would you rate your son or daughter's anxiety level?

How would you evaluate your son or daughter's social skills? _____

Is your child a leader? Y N Is your child a follower? Y N

Please describe any special interests of your son/daughter: _____

If you could wish one thing for your son/daughter, what would it be? _____

Parent signature: _____ Date: _____

Thank you for taking the time to complete and submit this application! We will contact you within one week of receiving it to discuss your son or daughter in more detail and to respond to any questions that you might have so that we can determine if our program suits your son or daughter's needs at this time. We look forward to speaking with you!

Jacqueline M. Alexander, MA, LPC, NCC

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Authorization for the Release or Exchange of Information

Client Name: _____ DOB: _____

Information to be released by or exchanged with:

Name: _____

Address: _____

Information to be released or exchanged:

I authorize the release or exchange of the above requested information to/by Jacqueline Alexander, MA, LPC, NCC. I understand that I may revoke this release at any time. This release is in effect for 180 days from the date signed.

Client Signature

Date

Parent/Guardian Signature

Date