

# Beyond Therapy

## 2019 SUMMER CAMPS

### JUNE 4<sup>TH</sup> – JULY 30<sup>TH</sup>

Campers will experience a dynamic, multisensory, skill building program led by Speech-Language Pathologists and Occupational Therapists that will take summer LEARNING and FUN to a new level!! Call Beyond Therapy @ 979-743-2108 to register today. Space is limited.

#### CAMPERS:

- ⦿ Students entering 1<sup>st</sup> through 8<sup>th</sup> grades.
- ⦿ Students will be assigned to a small group.
- ⦿ Groups will rotate through multiple learning stations and participate in a variety of engaging literacy and writing activities.

#### WHEN:

- ⦿ June 4<sup>th</sup> through July 30<sup>th</sup> (off July 4<sup>th</sup>)
- ⦿ Tuesdays and Thursdays 9:00– 11:30

#### COST:

- ⦿ This program is underwritten by a grant from Turtle Wing Foundation.
- ⦿ This generous donation allows us to offer a tuition cost of only \$30 per session.

#### SKILLS:

- ⦿ Enhance literacy skills.
- ⦿ Strengthen oral language skills.
- ⦿ Develop literacy skills focused on “reading to learn”: predict, sequence, infer, cause and effect, problem solve.
- ⦿ Develop comprehension strategies.
- ⦿ Develop fine motor skills for writing.
- ⦿ Practice writing mechanics.
- ⦿ Strengthen written language skills: planning, organization, structure, define, ask and answer questions, make connections, understand
- ⦿ Engage in multisensory activities that increase focus and motivation for learning.

411 Summit St.

Schulenburg, TX

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Web: [www.beyondtherapy.care](http://www.beyondtherapy.care)



BT Summer Camps are  
Supported in part by a grant from  
the Turtle Wing Foundation.  
[www.turtlewingfoundation.org](http://www.turtlewingfoundation.org)  
THANK YOU TW!!

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#### REGISTRATION FORM

##### CHILD INFORMATION:

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

School attending: \_\_\_\_\_ Entering grade: \_\_\_\_\_

Academic strengths: \_\_\_\_\_

Academic weaknesses: \_\_\_\_\_

Does your child receive supplemental services? (ST, PT, OT, ABA, tutoring, etc.) Please describe:

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##### PARENT INFORMATION:

Name: \_\_\_\_\_ phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ phone: \_\_\_\_\_

##### CONSENT TO TREAT / PRIVACY:

I voluntarily give consent for my child to participate in programs provided by Beyond Therapy and the agency's therapists, associates, and assistants. I acknowledge that no warranty or guarantee has been made to me regarding result or cure. My child's protected health information is handled in accordance with the HIPAA Privacy Rule, and may not be disclosed without my written permission.

Parent/Guardian signature: \_\_\_\_\_

Parent/Guardian print name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_

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## CONSENT TO PHOTOGRAPH AND RECORD

I, the undersigned, do hereby grant or deny permission to Beyond Therapy to use the image and/or video of my child, \_\_\_\_\_, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the beyond therapy web site.

### MARK ONE:

- ☐ **Deny** permission to use my child's image and/or video at all.
- ☐ **Grant** permission to use my child's image and/or video in the following ways:

### MARK ALL THAT APPLY:

- ☐ **Limited usage:** My child's image and/or video may be used within the Beyond Therapy setting only (not in the larger community).
- ☐ **Limited usage:** My child's image and/or video may be used for educational materials only (not marketing). This could be either within beyond therapy or in the larger community. One example of this could be videos in parent education classes.
- ☐ **Limited usage:** My child's image and/or video may be used on printed materials only (no digital or video use).
- ☐ **Unrestricted usage:** I give unrestricted permission for my child's image and/or video to be used in print, video, and digital media. I agree that these images may be used by Beyond Therapy for a variety of purposes and that these images may be used without further notifying me. I do understand that my child's last name will not be used in conjunction with any video or digital images.

Parent/Guardian signature: \_\_\_\_\_

Parent/Guardian print name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_