



Registration Form for OTA **Sensory** Adventures Camp 2024

****Incomplete registrations will not be considered for acceptance into the camp**

Child's Name:		
Diagnosis or specific disorder (in case of increased registrations, children with formal diagnosis will be given preference):		
Birthdate:	Age (we accept ages 4 to 16 yrs):	
Sex:	Current Grade finished:	
Parent or Guardian Name:		
Address:		
City:	State:	Zip Code:
E-mail:		
Phone Number:	Alternate Phone Number:	
Name of Physician:	Phone:	
Please indicate if any of the following are concerns for the camper:		
<input type="checkbox"/> Auditory	<input type="checkbox"/> Visual	<input type="checkbox"/> Speech
<input type="checkbox"/> Cardiac	<input type="checkbox"/> Circulatory	<input type="checkbox"/> Pulmonary
<input type="checkbox"/> Neurological	<input type="checkbox"/> Muscular	<input type="checkbox"/> Psychological Impairment
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Mental Impairment	<input type="checkbox"/> Orthopedic
Please provide explanations for any checked boxes:		
A copy of immunizations must be attached to this form if the child is not enrolled in public school.		
Last Date of Tetanus Shot:	Any Allergies:	
Emergency Contact 1 Name:	Phone:	
Emergency Contact 2 Name:	Phone:	
Describe any physical limitations mobility or beyond:		
Description of any behavior plans:		
Description of any communication difficulties or strategies:		
Comments or any other information (likes or dislikes) you feel would be helpful for LATI OTA students to understand about your child:		
Lunch will be provided, as well as snacks. If your child has any dietary restrictions, please list them below:		
Please circle which week you would like your camper to attend:		
June 3, 4, & 5 (Mon-Wed) or June 10, 11, & 12 (Mon-Wed)		
Child's T-shirt size (Y: S-XL or Adult: S-XL):		

I, _____ am enrolling my child, _____ in the OTA Sensory Camp.

Please initial the following that you understand and agree:

_____ The OTA students, with supervision, will be providing activities to elicit sensory input at the camp.

_____ Photographs and videos will be taken for the sole purpose of sharing information about the camp with other parents and professionals.

_____ I will be responsible for providing transportation to and from Joy Ranch Camp. Should transportation be an issue, please contact Kory Hall at LATC and alternate arrangements can be discussed.

_____ Joy Ranch and LATC are not responsible for lost or stolen items during camp.

Upon review of the completed registration, the LATC OTA program will be contacting you with additional information in regards to the camp.

For more information or questions please see contact information below.

Please print and send completed registration and \$10 deposit (this is to maintain the camper's placement at the camp, the deposit will be reimbursed should your child be placed on the waiting list or on the first day of attendance) to the address below:

**Lake Area Technical College
Att: Kory Hall, OTA Program
P.O. Box 730
Watertown, SD 57201**

(605)882-5284 x372 or email kory.hall@lakeareatech.edu

****ALL FORMS MUST BE COMPLETED BEFORE A CHILD IS ACCEPTED FOR SENSORY ADVENTURES CAMP**

