

**Camp MakeBelieve Registration Form, 2008**  
**6284 S. Rainbow Blvd.**  
**Suite 110**  
**Las Vegas, NV 89118**  
**702-257-0140 EXT. 203**

Today's Date \_\_\_\_\_ Series Dates \_\_\_\_\_  
Child's name \_\_\_\_\_ Nickname \_\_\_\_\_  
Age \_\_\_\_\_ year's \_\_\_\_\_ months \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Grade \_\_\_\_\_ School \_\_\_\_\_

**MOTHER:**

Name \_\_\_\_\_  
Address \_\_\_\_\_ Zip code \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
E-mail address \_\_\_\_\_

**FATHER:**

Name \_\_\_\_\_  
Address \_\_\_\_\_ Zip code \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
E-mail address \_\_\_\_\_

**GUARDIAN:**

Name \_\_\_\_\_  
Address \_\_\_\_\_ Zip code \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
E-mail address \_\_\_\_\_

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**EMERGENCY CONTACT INCLUDING ONE GUARDIAN AND ONE OTHER**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Please prioritize the problems you would like worked on during this Camp MakeBelieve series. Example: (poor impulse control, mood swings, difficulty expressing feelings, low self-esteem, etc.)

- 1.
- 2.
- 3.
- 4.
- 5.

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prescription Medication(s) my child is receiving:  
(Name) \_\_\_\_\_ (Dosage) \_\_\_\_\_ (the time of day) \_\_\_\_\_  
(Name) \_\_\_\_\_ (Dosage) \_\_\_\_\_ (the time of day) \_\_\_\_\_  
(Name) \_\_\_\_\_ (Dosage) \_\_\_\_\_ (the time of day) \_\_\_\_\_

\*\*\*\*Please Note: If your child is receiving medication to help concentrate please make sure they take this at least 1/2 hour before group starts.

I hereby give my consent to have my minor child, \_\_\_\_\_ attend Camp MakeBelieve. I am aware that Camp MakeBelieve is a group counseling program and issues discussed are confidential. There are exceptions to the confidentiality rule. If a child tells me he/she is being emotionally, physically or sexually abused, or I believe the child is in danger of seriously harming himself or another person, I have an ethical obligation to report this to the appropriate authorities. Most concerns, however, are not of this nature, and naturally I would discuss these with the parent or guardian. I also encourage you to call me in-between sessions to address any concerns you may have. Remember, this is a partnership on behalf of the child. Please sign below attesting to the fact that you have read this information and give your consent.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

The current price of the 12 hour Camp MakeBelieve program is \$650.00. This price will include snacks and art supplies. Evaluations will be done on request only.

A \$150.00 non-refundable deposit is due at the time of registration. The remaining payment is due in full at the first session (unless other arrangements have been made.

HEALTH INSURANCE: Some providers may help pay for these sessions so check your policy. This office requires payment in advance. We will however, bill insurance companies as a courtesy to our clients. Please be aware that you are responsible (not your insurance company). If your child misses a session there are no rebates. Please sign below that you have read and understand this payment policy.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\*\*\*\*Please Note: if your child becomes difficult to manage in the group setting, every attempt will be made to manage the behavior. However a parent or guardian needs to be available to pick them up.

***Please complete the following 3-page form and send to: Camp MakeBelieve, Inc., 6284 S. Rainbow Blvd., Suite 110, Las Vegas, NV 89118 or fax to 702-257-0139. Please include a check written to Camp MakeBelieve, Inc. in the amount of \$150.00. Include deposit along with registration form at least 2 weeks prior to the first session of the series.***