

Camp MakeBelieve Kids Registration Form

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 _____

EMERGENCY CONTACT INCLUDING ONE GUARDIAN AND ONE OTHER

1. Name _____ Phone _____

2. Name _____ Phone _____

Briefly describe the areas that your child needs to show improvement.

Example: (poor impulse control, mood swings, difficulty expressing feelings, low self-esteem, etc.) Next to each problem area you have listed, rank each problem on a 1-5 scale that would measure how well you think CMB Kids can help your child to make these improvement.

The Problem

1 = very little, 3 = moderated amount, 5 = a lot

1. _____

2. _____

3. _____

Additional Comments:

Prescription Medication(s) my child is receiving:

(Name) _____ (Dosage) _____ (Time of day) _____

(Name) _____ (Dosage) _____ (Time of day) _____

(Name) _____ (Dosage) _____ (Time of day) _____

Allergies to food or other environmental toxins:

Anti-allergy medication: (needs to be given to CMB counselor)

****Please Note: If your child is receiving medication to help concentrate please make sure they take this at least ½ hour before group starts.

I hereby give my consent to have my minor child, _____ attend the Camp MakeBelieve after-school program. Issues discussed are sometimes sensitive and are always kept confidential by the Camp MakeBelieve staff. However, the Camp MakeBelieve counselors are mandated reporters and must report physical, emotional or sexual abuse of a child or elderly person. In addition, if a child reports that he may seriously harm himself or another person, this must also be reported to the appropriate authorities. Most concerns, however, are not of this nature, and naturally would be discussed with the parent/s or guardian. Feel free to contact the office by phone or email if you have any issues or concerns about this program or about your child. Remember, this is a partnership on behalf of your child. Please sign below attesting to the fact that you have read this information and give your consent.

Parent Signature

Date

Parent Signature

Date

Camp MakeBelieve Kids is an 8 Step program that runs for 8 consecutive months. Each Step lasts for 4 weeks with sessions lasting for 1.5 hours. The entire 8 month program equals \$2800.00 (includes all 8 workbooks and 10 CDs and CD case) or \$2600.00 (if you already own the workbooks and CDs). This material is currently available exclusively to children who attend this program and is given to you at a much reduced rate. This price will include snacks and art supplies. Evaluations will be done on request only. 10% of fee will be deducted if entire payment is made in advance prior to start date.

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. If paying on a monthly basis, each month \$350.00 will be deducted from your credit card (\$325.00 if you own the workbooks and CDs). You may have made other arrangements for payment. If so, please note below what these arrangements are:

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 in the amount of \$150.00. Include deposit along with registration form at least 2 weeks prior to the first session of the series.