



# Performance Pediatrics

Pediatric Occupational • Speech & Physical Therapy • ABA Services

Experience the Adventure of Performance Pediatrics' skilled Sensory Summer Camp!  
Join our Occupational, Speech and Physical Therapists for an unforgettable summer filled with exploration, discovery and sensory excitement!

We're thrilled to announce the launch of our upcoming Sensory Summer Camp, where adventure meets exploration through the lens of our 5 senses! Our Camp is designed to provide a unique and enriching experience **for all children ages 4-14yrs old**, focusing on skilled sensory stimulation and appreciation!

Our Sensory camp is a 2 week, half day innovative program led by nationally licensed therapists, aimed at engaging campers in a multitude of sensory experiences, fostering creativity, curiosity and connection with the natural world. Through diverse range of activities and exercises, campers will explore sight, sound, touch, taste and smell in exciting and interactive ways.

## **Camp Highlights:**

**Sensory Play:** Campers will participate in guided sensory walks, gardening, water play, stem learning and messy play, where they'll tune in to the sights, sounds, and textures of their environment.

**Artistic Expression:** from painting to sculpting with clay, campers will unleash their creativity through various art projects inspired by sensory experiences.

**Food Exploration:** hands-on cooking activities, campers will discover the joy of preparing and tasting delicious treats using fresh ingredients from our garden.

**Sensory games:** Engaging games and challenges will encourage campers to sharpen their senses and collaborate with their peers in a fun and dynamic environment.



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## Day of Details:

- Camp is Rain or Shine!
- Drop off is between 8:45am-9am
- Pick up is 1pm. (\$25 late fee for pick-ups after 1pm.)
- Apply sunscreen to children prior to drop off.
- Water bottle and lunch/snack. (NO glass bottles)
- Arrive in a bathing suit- bring towel, sneakers, sandals, & change of clothes in a labeled bag

## Dates and Location:

Lafayette: July 22<sup>nd</sup>-August 1<sup>st</sup> (9-1pm)

Totowa: August 5<sup>th</sup>-August 15<sup>th</sup> (9-1pm)

## Pricing:

\$600 per week or \$175 per day

Additional fee of \$60/per day, if child requires 1:1 aide.

Final payments are due July 8<sup>th</sup> (no refunds)

Call our office with any questions! **Lafayette: 973-862-6377 // Totowa: 973-237-1975**



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## Basic Information and Contact Form

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_

Tee-shirt size: \_\_\_\_\_

### Personal Contact Info:

Guardian Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

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

### Emergency Contact Information:

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

Relationship: \_\_\_\_\_ Telephone # \_\_\_\_\_

### Medical Contact Info:

Doctor Name. \_\_\_\_\_

Phone # \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions:

\_\_\_\_\_

Guardian Signature: \_\_\_\_\_



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## Performance Pediatrics Media Release Form

I, \_\_\_\_\_, the parent/guardian of a child/children at Performance Pediatrics, agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed or videotaped at the clinic. These photographs may be used in promoting child therapy services, either in print or on the internet.

The child(ren) are known as:

\_\_\_\_\_

With my signature below, I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting Performance Pediatrics' Therapy Services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above use. I agree that this form will remain in effect for the duration of my Childs care at Performance Pediatrics.

Accept: \_\_\_\_\_ Decline: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Thank you!**



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## Waiver and Release of Liability

I acknowledge that, \_\_\_\_\_ will be participating freely in, Performance Pediatrics Summer Program. Equipment can be dangerous and I hereby assume all responsibility and risk for any accidents, sickness, or other mishaps, including, but not limited to, serious bodily injury, that may result while he/she is participating in activities at Performance Pediatrics.

In connection with participation in their programs, I hereby waive my rights to any claim, cause of action, and/or the right to file a law suit against Performance Pediatrics, or against any of its affiliates, directors, therapists, sponsors, employees, agents, and volunteers.

I further release all such organization and/or persons from any and all responsibility or liability of any nature whatsoever for any loss or damage to my person or property, including, but not limited to, personal injury sustained on or through the Programs at Performance Pediatrics

**I have carefully read this Waiver and Release of Liability. By my signature, I am stating that I understand, agree to, and accept all of its provisions, and understand that I am giving away substantial legal rights.**

\_\_\_\_\_

Date: \_\_\_\_\_

**Signature**

\_\_\_\_\_

**Printed Name**



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## Summer Camp 2024 Payment

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Payment:** \$600 per week or \$175 per day

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**Is an Aide required, \$60 per day: Yes \_\_\_ No \_\_\_**

**\$600 weekly rate (week 1, 2 or both)** please circle which week(s) your child is attending.

**Total:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Final payments are Due by July 8th**

**No refunds**

*Performance Staff to fill out below:*

**Paid:** Cash, check, credit. (circle one) **Total:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Received by staff initials:** \_\_\_\_\_