Dakota Family Solutions

www.dakotafamilysolutions.org

autism@dakotafamilysolutions.org

Registration for Camp Talk-A-Lot - July 9 & 10, 2018

Child's Name: _____Birthdate: _____

*Please fill out one for each child.

Parent's/Guardian's Name: _____

Address: _____

_____

_____

Cell Phone: _____ Do you receive text messages? Yes No

Email: _____

Child's favorite snacks/foods:_____

_____

Child's favorite activities: _____

_____

Activities YOU would like to see your child partake in: _____

_____

Does your child have dietary restrictions? If so, please list them: _____

_____

Does your child have any allergies? If so, please list them: _____

_____

Does your child have any special needs or areas that cause him/her difficulties? If so, please list them:

_____

_____

Is there any other information you think we should know as we plan for a day camp experience for your child?

_____

_____

Please return registration forms to Dakota Family Solutions by June 30, 2018.

Email: autism@dakotafamilysolutions.org

Postal Address: Dakota Family Solutions
PO Box 7050
Williston ND 58803

For more information call/text:
Valerie: 701-580-3138