

# CCC (Cool, Confident and Courageous) Kids Camp

## Registration for Summer 2021: August 16-20, 2021, 9am-2pm

The CCC Kids Camp is a day camp experience designed to provide intensive behavioral treatment for children between the ages of four and ten who are diagnosed with selective mutism (SM) or severe social anxiety. Our goal is to support the building of the child's confidence and success in speaking with individuals outside the home directly prior to the child's return to school. This is an ideal time point for intervention.

The CCC Kids Camp is a structured experience in which children participate in a variety of engaging activities including

outdoor sports, arts and crafts, and music. We also simulate typical classroom activities such as circle time, morning meeting, and center work. These activities provide children with hands on practice in verbal participation in a safe, school-like environment. Children receive rewards for their brave behavior. The camp is led by two psychologists with extensive expertise in the treatment of SM. Children who are interested in participating must first meet 1:1 with one of our leaders to ensure they are a good fit for our program.

Child's Name: \_\_\_\_\_

Grade as of Fall 2021 \_\_\_\_\_ School \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Parent 1 Parent 2**

I/we understand that the cost of camp is \$2,600. To reserve a place for my child, a registration fee of \$1,300 is required. The balance of \$1,300 is due one month prior to camp (July 16, 2021). **For those who register early (on or before April 1, 2021), the cost of camp is discounted and the total fee is \$2300.** The registration fee is \$1,300 and the balance of \$1,000 is due one month prior to camp for those who register early (July 16, 2021).

\_\_\_\_\_  
initials initials

I/we understand that fees are not refundable for absences from camp for any reason. I/we understand that in order to participate in camp we will be required to sign a COVID release form and follow all COVID safety protocols.

\_\_\_\_\_  
initials initials

I/we understand that an intake at our current rate is required for those that are not current patients. I/we understand that my child must meet the following requirement prior to the start of camp: child talks to at least one therapist in the SM Camp program before camp begins. We agree to complete as many individual therapy sessions at our current rate as needed to meet this requirement prior to the start of camp.

\_\_\_\_\_  
initials initials

I/we understand that as part of our standard protocol, we typically facilitate the transfer of speech to the child's new teacher prior to the start of the school year. We encourage you to participate in at least two therapy sessions held at your child's school with the classroom teacher.

\_\_\_\_\_  
initials initials

Cancellation Policy: I/we understand that if our child cannot attend the program, we must notify Alvord Baker no later than July 16, 2021 in order to receive a refund, excluding a \$300 non-refundable administrative fee. Cancellations following July 16, 2021 will not be eligible for any refund. In the event that Alvord Baker chooses to cancel the camp program, the entire fee will be refunded.

\_\_\_\_\_  
initials initials

My/our signature(s) below confirms that I/we understand the policies associated with the Alvord, Baker & Associates, LLC as indicated above and in the Client Services Agreement. I/we also agree that the following information is provided in order to contact me/us concerning our child's participation in group.

\_\_\_\_\_  
Parent 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent 2 Signature

\_\_\_\_\_  
Date

# CCC (Cool, Confident and Courageous) Kids Camp

Registration for Summer 2019: August 16-20, 9am-2pm

Parent Name (1): \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

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

Parent Name (2): \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

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

Office Use Only:			
		Check # / CC	Amount
TH			
XL			