



Tucson Alliance for Autism Summer Program Registration

All Star and Explorer's Camps

Child's Name: _____

Age _____ DOB _____ School _____ Grade _____

Diagnosis: _____

Address: _____

City: _____ State: _____ Zip: _____

Mother's Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Father's Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Whom does the child live with? Both Parents _____ Mother _____ Father _____

Other _____

Emergency Contact

Name: _____

Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Please mail your registration with payment to:

**TAFA
1002 N. Country Club
Tucson, AZ 85716
520-319-5857**

OVER

Please tell us about your child

- What are some of your child's favorite activities?
- Does your child have difficulty with sensations-touch, light, noise, movement?
- Does your child's activity level or temperament interfere with daily activities?
- Does your child have any food allergies or restrictions?
- What are your child's speech and language (including conversational) skills?
- Any physical limitations? If yes, please describe.
- Are there any parent/child separation difficulties?
- Will your child stay with a group?
- Please describe the strategies that you find effective in supporting positive behaviors with your child?
- Does your child know how to swim?