



Tucson Alliance for Autism Summer Program Registration

Wild Cat Camp
(If under 18 years of age parents must sign)

Name: _____

Age _____ DOB _____ School _____ Grade _____

Diagnosis: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: _____

Mother's Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Father's Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Whom do you wish? Both Parents _____ Mother _____ Father _____

Other _____

Emergency Contact

Name: _____

Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

If under the age of 18 parent or guardian must sign

Please mail your registration with payment to:

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

OVER

Please tell us about yourself

- What are some of your favorite activities?
- What do you plan to study if you do go to college?
- Do you have difficulty with sensations-touch, light, noise, movement?
- Have you participated in Social Thinking® groups or summer camps at TAFA?
- Do you have any food allergies or restrictions?
- How would you describe your communication skills?
- Do you have any physical limitations? If yes, please describe.
- Do you experience difficulty being in a room with people you don't know?
- Is there anything else you would like us to know about you?