



# *Tucson Alliance for Autism Summer Program Registration*

Childs Name \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Diagnosis: ASD: \_\_\_\_\_ Lo \_\_\_\_\_ Mid \_\_\_\_\_ High \_\_\_\_\_ Asperger \_\_\_\_\_ PDD \_\_\_\_\_

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

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Fathers 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 or fax your registration with payment to:***

TAFA  
1002 N. Country Club  
Tucson, AZ 85716  
Fax: 520-319-5979

**OVER**

*Please check all sessions you are registering for.*

Camp: Session I \_\_\_\_\_ II \_\_\_\_\_ III \_\_\_\_\_ IV \_\_\_\_\_

## **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?