

READY, SET, PLAY! APPLICATION

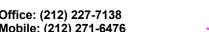
Date:				
Child's Name:				
Date of Birth:A		er:		
Home Address:				
Home Phone:	(Provide add	litional contact information below ONLY if different	t)	
How did you hear about RSP?				
Which RSP Program are you interested in?	Summer Camp	Playgroup		
		Days Available: м т w R	F	
Parent's Name:	Parent's Name:			
Address:	Address:			
Home Phone:	Home Phone:			
Cell Phone:	Cell Phone:			
Work Phone:	Work Phone:			
Email:	Email:			
Caregivers Name:	Cell:			
If RSP! is not able to reach the above conta	cts, please provide us wi	ith additional emergency contacts:		
Emergency Contact:		Relationship to child:		
Phone:				
Emergency Contact:		Relationship to child:		
Phone:	Alternat	Alternate Phone:		
Physician Name:	Phone:	_ Phone:		
Physician's practicing address:				
Food Allergies/Medical Conditions:				



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Person(s) Authorized for Pickup:		Relationship to Child:
authorization from a parent. If a person's na	ame is not on s s from you to	ed to pickup/drop off your child from class, without prior this form, we will not allow your child to leave with them do so on a particular day. This person will need to
Is your child receiving related services?	Yes	No
If yes, please state the discipline(s), manda	ite(s) and serv	vice providers.
Is your child receiving SEIT? Yes	No	
If yes, please state the mandate and service	e provider.	
The information below is necessary if you w reimbursement.	vill be providir	ng RSP! invoices to your insurance company for
Does your child have a diagnosis?	es No	
If yes, please provide details:		
Child's developmental pediatrician:		
Child's psychologist:		
•		currently in the process of changing the requirements Therapy based programs. We encourage all incoming





that Ready, Set, Play! cannot guarantee insurance reimbursement.

clients to consult their insurance providers to see if this program is eligible for reimbursement. Please note