

**CAMP FROZEN Registration Form**

Space is limited to 24 participants. Register today! Deadline is July 24, 2022

To register, send completed form via email to [kitrie.howell@utdallas.edu](mailto:kitrie.howell@utdallas.edu)

-or mail to-

Callier Center for Communication Disorders, ATTN: Linda Thibodeau, 2895 Facilities Way, Richardson, TX 75080

**Child’s Name:** Click or tap here to enter text. **Date of Birth:** Click or tap to enter a date.

**School/Grade:** Click or tap here to enter text.

**Sibling Name:** Click or tap here to enter text. **Date of Birth:** Click or tap to enter a date.

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**Parent/Guardian Name:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Parent Cell Phone:** Click or tap here to enter text.

**Alternate Contact and Phone:** Click or tap here to enter text.

**Will You be able to join us for the Saturday Matinee (one parent included)  Yes  No**

**Address:** Click or tap here to enter text. **City:** Click or tap here to enter text.

**State:** Click or tap here to enter text. **Zip:** Click or tap here to enter text.

**Phone Number:** Click or tap here to enter text. **Email:** Click or tap here to enter text.

**Alternate Emergency Contact:** Click or tap here to enter text. **Phone Number:** Click or tap here to enter text.

**Are you interested in transportation options to the Music Hall from Callier Dallas or Callier Richardson?**

**Yes  No Callier Dallas  Yes  No Callier Richardson**

**Does your child wear a hearing aid?  Left  Right  No**

**Manufacturer:** Click or tap here to enter text. **Model:** Click or tap here to enter text.

**Does your child wear a cochlear implant?  Left  Right  No**

**Manufacturer:** Click or tap here to enter text. **Model:** Click or tap here to enter text.

**Do you use any remote microphone technology (eg. Clip on mic, Roger, FM) at home?  Yes No**

**Manufacturer:** Click or tap here to enter text. **Model:** Click or tap here to enter text.

**What is his/her primary mode of communication?  Oral  Sign + Speech  Sign**

**Are there any special medical considerations and/or accommodations for the child, sibling, or parent/guardian, including dietary/physical restrictions?** Click or tap here to enter text.

**I have included the $100 camp fee for each child by check.  Yes  No   
I prefer to pay the $100 camp fee for each child by credit card.  Yes  No (someone will call you to complete registration)**

**I am requesting scholarships for my child.  Yes  No (someone will call to confirm availability)**

**I am requesting scholarships for the siblings.  Yes  No (someone will call to confirm availability)**