



A.A.M.P. CAMP

(Amazing Autism Moments Practiced)



About A.A.M.P. Camp

Join Pediatric Therapy Partners for their 2nd annual summer camp program for children with Autism Spectrum Disorders (ASD). The purpose of this program is for:

- developing effective communication skills
- developing peer relationships in a social group setting
- improve self-regulation skills
- sensory integration
- motor coordination and planning

The camp will consist of structured activities supervised by a trained, licensed Speech-Language Pathologist, a Registered Occupational Therapist, and a board certified Music Therapist. The camp will be staffed with a ratio of 1 supervisor: 2 campers.

A.A.M.P. Camp will be held at Nativity Elementary in Fargo, ND, August 3—7, 2009. This is a day program that runs Monday through Friday from 8:30 a.m. to 3:45 p.m.

Impact of the Program

Children with ASD frequently exhibit behaviors that are misinterpreted by their peers; and are often bullied, misunderstood, teased, and occasionally physically harmed. This program provides a safe and fun environment in which children with ASD learn to develop friendships and practice social interaction strategies. This summer camp program includes sensory activities, gross-motor play, and many other activities to provide social learning through communication, sensory and motor experiences.



Criteria to Attend

- For children 6-12 years of age.
- If camper is not toilet trained, they must have appropriate supplies with them.
- Parent(s)/Guardian must be available by telephone during camp hours.
- Camper needs to bring lunch and change of clothing each day.
- Camper must have own transportation to and from summer camp.
- If camper requires 1:1 assistance, their support staff is required for camp participation.

Registration

- Non-refundable deposit of \$150 per child due at the time of registration.
- Remaining balance and completed registration packet due by July 10, 2009.
- No refunds are given if campers leave early due to homesickness, illness, or personal commitments.

A.A.M.P. Camp
Registration
August 3-7, 2009

Name _____
Diagnosis _____
DOB _____ Age _____ Gender _____
Parent/Guardian _____
Address _____
City/State/Zip _____
Home/Cell Phone _____
Employer _____
Daytime Phone _____

Payment Amount \$ _____
_____ Check _____ MasterCard _____ Visa
Name _____
Account Number _____
CCV # (3-digit code) _____
Exp. _____ Zip Code _____
Signature _____

Cost: \$500 (non-refundable deposit of \$150 due with registration)

Registration Deadline is July 10, 2009.

Payable to:

Pediatric Therapy Partners
3003 32nd Ave South Ste. 9
Fargo, ND 58103
Phone: 701-232-2340
Fax: 701-232-2330

Please use one registration per camper; photocopies are acceptable. You may want to keep a copy of the completed form for your records.

Pediatric Therapy Partners
3003 32 Ave South Ste 9
Fargo, ND 58103

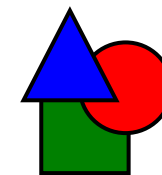


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August 3-7, 2009
Nativity Elementary School
Fargo, North Dakota



Pediatric
Therapy
Partners

www.pediatrictherapypartners.com
(701) 232.2340

