

Bridging the Gap Autism Consultation and Therapy Services

Serving Northern California | Based in Rocklin, CA
916.577.6211 admin@btgautism.com

BTG's 2025 Play with a Purpose! Summer Camp Enrollment Form

Please complete the form below to reserve a spot in our 6-week summer social group. Once submitted, we will follow up with confirmation and payment or funding instructions.

Child Information

Child's Full Name: _____

Date of Birth: _____ Age: _____

Diagnosis: _____

Preferred Method of Communication (spoken, AAC, letterboard, etc.): _____

Any specific support needs (sensory, behavioral, physical): _____

Parent/Guardian Information

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

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Group Preference

Preferred Group Time: ☐ 10:00-11:00am ☐ 12:00-1:00pm

Are you flexible with group timing? Yes ☐ No ☐

Emergency & Permissions

Emergency Contact Name: _____

Relationship to Child: _____ Phone: _____

Does your child have any allergies or medical conditions we should be aware of? (e.g., food, pets): _____

Permission to participate in the group and engage in activities led by a licensed therapist:

Yes ☐ No ☐

Payment Method

Total Program Cost: \$375

☐ **Yes, I'd like to secure my spot now.**

By checking the box above, I acknowledge that I am responsible for the full cost of the program unless otherwise covered by approved ACRC funding. Please send me a secure payment link to authorize my registration using a credit card.



- **Payment Method**

- ☐ Credit Card (Visa, MasterCard, AmEx, Discover)
- ☐ Venmo
- ☐ I am an Alta California Regional Center (ACRC) client.

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Alta Region Information

Will you be requesting funding through Alta California Regional Center (ACRC)?

Yes [] No []

If yes, please provide your Service Coordinator's name and phone number (if known):

Release of Liability and Consent

I acknowledge that I am voluntarily enrolling my child in **BTG's 2025 Play with a Purpose – Summer Camp**. I understand that while reasonable precautions will be taken, participation in group activities may involve inherent risks. I release and hold harmless Bridging the Gap Autism Consultation and Therapy Services, its staff, and affiliated agents from any liability or claims for injury, loss, or damages arising from participation in this program.

Parent/Guardian Signature: _____

Date: _____




Bridging The Gap

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Using Alta California Regional Center (ACRC) Funding for BTG Services

****For Informational Purposes Only****

 *This overview is intended to help you understand what to expect when requesting Alta California Regional Center (ACRC) funding for BTG services. It is for informational purposes only and does not represent official guidelines from ACRC. Please consult your Service Coordinator for the most accurate and current process.*

1. Get Approval from Your Service Coordinator

- ACRC does not automatically cover services—you must request approval through your Service Coordinator.
- Let them know the program name (e.g., “BTG’s 2025 Play with a Purpose! Summer Camp”) and be prepared to provide details such as:
 - - **Program dates:** June 26-Aug 4, 2025
 - - **Cost:** (\$375)
 - - **Frequency & Duration:** Once per week for 6 weeks, 60 minutes per session
 - - **Location:** (Rocklin, CA – home-based therapy gym setting)

2. BTG Will Provide Supporting Documents

- We’ll provide a completed enrollment form, formal invoice, and our business contact information.
- If your coordinator needs anything specific, let us know—we’re happy to assist.

3. Coordinator Submits for Approval

- Your Service Coordinator will submit the request for funding to ACRC.
- Approval times vary, so be sure to follow up regularly.

4. Confirm Enrollment Once Approved

- Once your funding is authorized, we will finalize your child’s spot in the group.
- If you choose to begin services before approval, you may be responsible for payment upfront.

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Important Notes:

- Services must align with your child's IPP (Individual Program Plan) goals.
- ACRC may require a signed attestation confirming your child participated in the program.
- Keep all receipts and invoices for your records.

If you have any questions during this process, please reach out to us at admin@btgautism.com or (916) 577-6211.



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