Led by our pediatric speech-language pathologists, literacy and language camp is a four week program for children from ages 3-10 that focuses on improving communication skills in children with language delays.

There will be two concurrent running camps for different age groups. The speech summer camp, **ages 3-6**, focuses on early literacy skills, which are closely related to language development. In this camp, we will help foster language skills through reading books together, singing songs, and doing language-based crafts.

The speech summer camp, **ages 7-10**, will focus on increasing phonological awareness, improving literacy development, and teaching advanced concepts through the use of engaging and interactive stories.

A physician referral/prescription is required to participate in the camp.

**Ages 3–6**
Monday–Thursday
June 22–July 16
9-10:30 am

**Ages 7–10**
Monday–Thursday
June 22–July 16
1–2:30 pm

To sign up, contact us at 312.238.1139 or pedscamps@sralab.org
Please print and complete all entries

Patient Name: ______________________________________  Patient Birth Date:________________________

Address: __________________________________________________________________________________

Home Phone: _________________  Cell Phone: _________________  Email: ____________________________

Primary Doctor/Pediatrician: ___________________  Ordering Physician (for camp):______________________

Emergency Contact: ___________________  Relationship: _________________  Phone Number: _____________

Insurance Information

Insured/Responsible Party: ___________________________  Relation to Patient:_________________________

Birth Date: _____________  Address (if different from patient):________________________________________

Primary Insurance: ___________________________  Address: __________________________________________

Phone Number:________________  Group Number: __________________  ID Number:__________________

Secondary Insurance: _________________  Address: _______________________________________________

Phone Number:________________  Group Number: __________________  ID Number:__________________

Additional Information

Is the patient currently receiving speech therapy?

Please list patient’s interests and hobbies:

How did you learn about our camps?