

When planning a rehabilitation stay for your child, it is important for us to know key information about the needs of the child and the carers. This information will enable us to prepare an individual offer at the optimal time for you.

**CHILD'S NAME:**

**AGE:**

**DEGREE OF DISABILITY:**

**CHILD'S LEVEL OF FUNCTION - please underline:**

- MOVES AROUND INDEPENDENTLY
- NEEDS HELP
- DEPENDENT

**COMMUNICATION - please underline:**

- VERBAL - SENTENCES
- VERBAL - WEBAL
- VERBAL - SIGNS, SHOUTING, GESTURES, ONOMATOPOEIAS
- SUPPORTED

**TERM OF THE CAMP:**

- 1 WEEK FROM                      TO
- 2 WEEKS FROM                      TO

**CHOOSE TURNUS - please enter the name of the camp (ready modules are described at <https://www.centrumgrawitacja.pl/>)**

**SELECT a Tailor-made TURNUS - please enter the therapies you are interested in:**

- 1.
- 2.
- 3.
- 4.

**PLEASE PROVIDE YOUR HOUR PREFERENCES WHEN THE COURSE FOR YOUR CHILD IS TO BE PLANNED, e.g. morning hours from - to / afternoon hours from - to:**

**PLEASE PROVIDE THE CHILDREN'S NEEDS THAT SHOULD BE TAKEN INTO ACCOUNT DURING THE PLANNING AND IMPLEMENTATION OF THE TOUR, e.g. feeding or medication breaks / inclusion of a nap (with time to return home/hotel) or other:**

- 1.
- 2.
- 3.
- 4.

**Dziękujemy.**

Send the completed form to: **[kontakt@centrumgrawitacja.pl](mailto:kontakt@centrumgrawitacja.pl)**

In the subject of the email be sure to write: **CHILD APPLICATION FOR REHABILITATION STAYS**