INTERSESSION CAMP/SUMMER CAMP REGISTRATION FORM

NAME: __________________________________________________________________________

AGE: _______ DOB: ___________________ GRADE: _________________________________

SCHOOL: __________________________________________________________________________

DATES ATTENDING CAMP:
Week of ____________________
Week of ____________________
Week of ____________________
Week of ____________________
Week of ____________________
Week of ____________________
Week of ____________________
Week of ____________________

PARENT/LEGAL GUARDIAN:

NAME: __________________________ RELATIONSHIP: ____________________________

CONTACT NUMBER(S): ___________________ E-MAIL: ____________________________

ADDRESS: ________________________________________________________________________
PARENT/LEGAL GUARDIAN:

NAME:__________________________________  RELATIONSHIP:_____________________

CONTACT NUMBER(S):____________________  E-MAIL:_____________________________

ADDRESS:_________________________________________________________________________

EMERGENCY CONTACT:

NAME:______________________________________ PHONE:____________________________

RELATIONSHIP:_________________________________________________

MEDICAL CONDITIONS, ALLERGIES, SPECIAL NEEDS OR PHYSICAL LIMITATIONS:
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

HOW DID YOU HEAR ABOUT US? (CHECK ALL THAT APPLY)

INTERNET_____ FACEBOOK____ CAMP FAIR_____ SCHOOL_____ RADIO____

FRIEND_____WHO:________________________ OTHER_____

POLICIES AND PROCEDURES

EXCEPTIONAL EDUCATORS FOCUSES ON EDUCATING THE WHOLE CHILD, MIND, BODY, AND SOUL.

MIND TIME BEGINS UPON ARRIVAL AT THE CENTER. EACH CAMPER WILL BEGIN WORKING ON HOMEWORK COMPLETION WITH A MASTER’S LEVEL EDUCATOR AND OTHER SUPPORT STAFF. SNACK WILL BE PROVIDED DURING THIS TIME.

BODY TIME CONSISTS OF DAILY PHYSICAL ACTIVITY INCLUDING YOGA, CIRCUITS, AND OTHER RECREATIONAL ACTIVITIES.

SOUL TIME IS DESIGNED BY A LICENSED CLINICAL SOCIAL WORKER AND FACILITATED BY SUPPORT STAFF. THIS TIME FOCUSES ON BASIC CHARACTER TRAITS, ENHANCEMENT OF SOCIAL SKILLS AND SELF-AWARENESS, AS WELL AS OTHER SKILLS SPECIALLY DESIGNED FOR OUR
CAMPERS. PLEASE MAKE US AWARE OF ANY EMOTIONAL/SOCIAL/BEHAVIORAL STRUGGLES YOUR CHILD MAY BE FACING SO WE CAN TAILOR LESSONS TO BEST ADDRESS THESE STRUGGLES.

CAMP SCHEDULE: INITIALS________

MONDAY – FRIDAY  8:30am - 2:30PM
After Camp Hours Available – 2:30pm – 6:00pm additional $125/week or $30/day

After Hours Requested  YES _______ NO _______ (if requested indicate full time or part time)
Full Time ____ (5 days/week) Part Time _____ days: ______________________

PAYMENT INFORMATION/TUITION INITIALS________

$225/WEEK
*DISCOUNTS AVAILABLE FOR FAMILIES WITH MULTIPLE CAMPERS
*DISCOUNTS AVAILABLE FOR EDUCATORS

BEHAVIOR MANAGEMENT

AT EXCEPTIONAL EDUCATORS, WE TAKE PRIDE IN OUR BACKGROUNDS IN CHILD BEHAVIOR MODIFICATION/MANAGEMENT. WE HAVE A VARIETY OF EXPERTS AT THE CENTER THAT COLLABORATE ON PROVIDING RESEARCH BASED MODELS ON BEHAVIOR MODIFICATION. PLEASE DISCUSS WITH US FURTHER IF YOUR CHILD STRUGGLES WITH BEHAVIOR AND ALLOW US TO BECOME A RESOURCE FOR YOU AND YOUR FAMILY IN ADDRESSING THESE BEHAVIOR STRUGGLES. ON RARE OCCASIONS, BEHAVIOR MAY BE BEYOND THE SCOPE OF OUR EXPERTISE. IF WE ARE UNABLE TO MEET THE BEHAVIOR NEEDS OF YOUR CHILD WE MAY REQUIRE YOU TO SUSPEND ATTENDANCE AT CAMP UNTIL NEW BEHAVIOR INTERVENTIONS ARE PUT IN PLACE. WE CONSULT WITH BEHAVIOR THERAPISTS AND LICENSED CLINICAL THERAPISTS TO SUPPORT US WHEN NEEDED IN ORDER TO BEST MEET YOUR CHILD’S NEEDS.

PARTICIPATION FOR USE IN MEDIA INITIALS_______

I HEREBY ALLOW EXCEPTIONAL EDUCATORS TO USE PHOTOGRAPHY OF MY CHILD ON OUR PERSONAL FACEBOOK PAGE, INSTAGRAM ACCOUNT, TWITTER ACCOUNT OR WEBSITE IN ORDER TO INFORM THE COMMUNITY OF OUR ACTIVITY.

ASSUMPTION OF RISK, WAIVER OF LIABILITY & MEDICAL AUTHORIZATION:

THE TRAINED PROFESSIONALS AT EXCEPTIONAL EDUCATORS BELIEVES SAFETY ALWAYS COME FIRST. WE HAVE PROFESSIONALS TrAINED IN CPR ON STAFF AND WE ARE FULLY INSURED. HOWEVER, ACCIDENTS DO HAPPEN. BY SIGNING THIS WAIVER YOU HEREBY AGREE TO WAIVE ANY CLAIMS OR RIGHTS YOU MIGHT OTHERWISE HAVE TO SUE EXCEPTIONAL EDUCATORS, OUR EMPLOYEES, OWNERS OR OFFICERS FOR INJURIES THAT MAY OCCUR AS A RESULT OF ANY ACTIVITY CONDUCTED AT EXCEPTIONAL EDUCATORS OR ASSOCIATED WITH EXCEPTIONAL
EDUCATORS. YOU ASSUME ALL LIABILITY AND RISK. IF INJURY SHOULD OCCUR TO THE ABOVE NAMED CHILD WHILE PARTICIPATING IN ANY EXCEPTIONAL EDUCATORS ACTIVITY, I HEREBY GRANT POWER OF ATTORNEY TO EXCEPTIONAL EDUCATORS SO WE MAY HELP IN ACQUIRING ANY REASONABLE AND/OR NECESSARY MEDICAL CARE TO THE NAMED STUDENT. I AUTHORIZE MEDICAL CARE FOR MY CHILD AND ACCEPT RESPONSIBILITY FOR MEDICAL EXPENSES.

__________________________________________   ________________________
PARENT/GUARDIAN SIGNATURE            DATE