



Educating mind, body, and soul.

www.exceptionaleducators.com

5022C Wrightsville Avenue

Wilmington, NC 28403

910-399-5211

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