



Ages: Students entering Kindergarten to 8th grade in the 2017-2018 Academic School Year

Camp Hours: 9:00 am to 1:00 pm Mondays to Fridays

Workshop Hours: 3:30 pm to 5:30 pm Tuesdays to Fridays

Location: Coral Gables Congregational Church Educational Wing,
3010 De Soto Blvd Miami, FL 33134
(across the Biltmore Hotel)

Registration Fee: \$55 one-time fee per child (including for Workshops)

Camp Sessions: Must sign up for at least ONE session to attend. Please check all appropriate.

- Session I
3 weeks
(K – 2nd Grade ONLY)
July 25th to August 11th

Summer Group Workshops

Workshop Hours: 3:30 pm to 5:30 pm Tuesdays to Fridays

Please select ONE subject ONLY

- Session II: August 1st to August 11th
 - Skills Review (3rd - 5th)
 - Pre-Algebra (6/7th)
 - Algebra 1 (8/9th)
 - Geometry (10th)
 - Algebra 2 (10/11th)

P.O. Box 143558, Coral Gables, FL 33114

305-854.3516

closingthegaps.net

Session Rates: Please check all appropriate (\$200/week)

- Session I: \$600
- Session II Workshop: \$320

Brain Camp: Incorporates 2 hours of tutoring in a group setting with a minimum of 4 students. Areas of tutoring include Reading Comprehension, Phonics and Fluency, and Basic Math Skills for all grade levels. Spanish Tutoring will also be available.

Add On - BrainWare Safari – (\$75 / for camp use ONLY) A computer-based training program proven to dramatically improve language, reading, and learning skills. BrainWare ® exercises 41 cognitive skills essential for learning and performing in everyday life. Skills areas include attention, thinking, sensory integration, memory, visual processing and auditory processing. It is beneficial to all children ranging in grades K-12.

Early Care and After Care

Early Care is offered Tuesday to Friday from 8:00 am to 8:30 am. After Care is offered from 1:00 pm to 3:00 pm.

Please select all appropriate. **Rate: \$35/week**

Early Care

After Care

Occasional Early Care and Late Pick up Fees.

Early Drop-Off (before 8:30 am) and Late Pick up (after 1:15 pm) will be accessed a \$5-dollar fee. Cash is accepted day of or payment will be processed with CC on file.

Signature: _____ Date: _____

Summer Camp Review Selections: Please do not write! FOR STAFF USE ONLY

# of Sessions:			# of Registration Fee(s):		
# of Early Care Sessions:			# of After Care Sessions:		
# of Workshops			Total Cost:		

Complete one form per child and please print clearly and neatly

Step 1: Family Information

Camper's Name: _____ Sex: Male__ Female: __
(Last Name, First Name)

Nickname(s): _____ DOB: _____
(Month/Day/Year)

2017-2018 Academic School Year Grade: _____

Mothers Information

Name: _____ DOB: _____

Street Address: _____
(Street) (City) (State) (Zip code)

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ Email(s): _____

Fathers Information

Name: _____ DOB: _____

Street Address: _____
(Street) (City) (State) (Zip code)

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ Email(s): _____

Emergency Contacts:

Name: _____

Name: _____

Phone #: _____

Phone #: _____

Relationship to camper: _____

Relationship to camper: _____

Allowed to Pick up? _____

Allowed to Pick up? _____

Step 2: Medical Information

1. Does the child have any allergies? (If yes, please explain)

2. Does the child have any medical conditions? (If yes, please explain)

3. Are there any medications that the child is currently taking? (If yes, please list medication, dosage and frequency)

4. Are there any physical activities that the child cannot perform? (If yes, please explain)

5. Are there any academic concerns you would like to share with us?

6. Is there any additional information regarding the child's health that your summer camp counselor should be aware of? (If yes, please explain)

Family Physicians Name: _____ Ph: () _____

Health Insurance Carrier: _____

7. How did you hear about Closing the Gaps Summer Camp?

CLOSING THE GAPS SUMMER CAMP PARENT CONSENT FORM

FULL PAYMENT MUST BE RECEIVED ONE WEEK BEFORE THE START OF CAMP. Camp seats are based on confirmed enrollments and secured deposits. A one-time \$55 registration fee along with \$100 nonrefundable/non-transferable deposit is required for session enrolled. Enrollment forms will be processed as outlined in the application. I understand the reservation will be held by my deposit until 1 week before camp starts. At that time, (the Monday 1 week prior to the start of the session), the balance in full must be received. If full payment is not received by this time, my reservation(s) will be cancelled. Deposits are non-transferable to other sessions and are nonrefundable. Returned checks will be assessed a \$30 fee. It is the responsibility of the parent/guardian to inform the camp in writing of any changes. I have read and understand the enrollment and cancellation policy. **PARENT OR GUARDIAN YOUR SIGNATURE INDICATES COMPLIANCE WITH CAMP REGULATIONS.**

Signature: _____ Date: _____

Step 3: Disclaimers

Camper Shirt Size (Circle One): Youth S M L

Adult S M L XL

Additional Camp Wear:

Summer Camp T-shirts \$10.00 Qty _____ Size _____

Credit Card MUST BE ON FILE:

Type of Card: (Circle One) Visa MasterCard Discover AMEX

Name that appears on the Credit Card: _____

Credit Card Number _____

Expiration Date _____ Security Code _____ Billing Zip Code _____

***Disclaimer:** Closing The Gaps Services Inc. requires that all balances not paid in full, prior to the start of camp, have a credit card on file. Accounts not on a payment plan will be charged on a weekly basis in order to keep all accounts up to date. Failure to remit payments on time may result in a camper suspension until payment is received. **Credit card MUST be on file for the registration process to be complete.**

Parent Signature _____ Date _____

Pay in FULL _____

Pay DEPOSIT _____

Please Read and Initial all Disclaimers:

____ Consent to Medical and/or Surgical Treatment

In the event of injury to or illness of our son/daughter/ward, I (we) hereby authorize the Closing the Gaps Summer Camp, or representative thereof, to admit the above named individual to a facility for emergency medical treatment as may be deemed necessary to his or her health welfare. It is the responsibility of the parent/guardian to inform the camp in writing of any changes. The undersigned hereby consents to whatever medical treatment is deemed necessary. The undersigned, on his or her behalf, and on behalf of the individual named above, their heirs, assigns and personal representatives, hereby release the Closing the Gaps Summer Camp, its trustees, officers, faculty, and employees from any and all claims arising out of the admission to, or treatment administered by, such facility.

____ Assumption of Risk and Release

The undersigned hereby acknowledges and agrees that participation in the camp and related activities carries with it an inherent risk of physical injury. In consideration of the program aide/camper's participation in the camp, the undersigned, on behalf of his or herself, and on behalf of the program aide/camper, hereby assumes all such risks of physical injury and does hereby release and forever discharge the Closing the Gaps Summer Camp, its trustees, employees and agents from any and all liability, claims, expenses or losses arising from bodily injuries or damage to personal property resulting from the program aide/camper's involvement and participation in the camp. The undersigned further acknowledges and agrees that they shall be fully responsible for any and all losses or damages that a program aide/camper inflicts upon any person or upon the facilities during their participation in the camp.

____ PARENT STATEMENT

I am responsible for payment of all camp fees in accordance with the selections I have made and the dates these payments are due. In cases where more than one party will be sharing the expense of the camp fees, the party that signs this application holds ALL financial responsibility for payment of such fees on or before the assigned due dates. I shall be responsible for payment of all lawyer's fees and court costs for collections, or for the enforcement of this Agreement. I understand that there is a \$30 charge for returned checks. Closing the Gaps Summer Camp is hereby granted permission to use any individual or group photographs taken at camp showing my child/children in camp activities for publicity and brochure purposes. I have received and have carefully read all the General Information and Registration Materials provided to me.

REFUND STATEMENT

I understand Closing the Gaps Summer Camp has a no-refund policy on camp fees. All fees shall be deemed earned when paid. I understand I will not be issued a refund if my child is dismissed due to disciplinary action based on his/her behavior or misconduct. I understand refunds will not be issued in the event any session is cancelled should the National Hurricane Center broadcasts a "hurricane/tropical storm warning" for our area or for any other weather emergency. In such a case, Closing the Gaps Summer Camp will cancel its program without obligation to make any refund for the duration of the inclement weather. Closing the Gaps Summer Camp does not issue refunds for any day or days your child is not in attendance during the course of the program. Only in the case of extreme medical emergency may this policy be reviewed by the Directors. Makeup days will not be issued either. I understand that any deposit paid at the time of the Camper Application is non-refundable.

PARENT/GUARDIAN STATEMENT

I have carefully read the entire "General Information" section before this Enrollment Contract. I fully understand and agree to comply with every detail including tuition and any condition for dismissal.

Signature: _____ **Date:** _____

Please mail, or email the registration forms. Thank You
Closing the Gaps Brain Camp or Email: closingthegaps@comcast.net