



305 854-3516

Find out more: www.closingthegaps.net

Group Workshops

Workshop Hours: 4:00 pm to 6:00 pm Tuesdays to Thursdays

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

Registration Fee: \$50 one-time fee per child

Workshop Sessions: Must sign up for ONE FULL SESSION

Please check all appropriate.

SAT/College Counseling

Session I: June 26th to July 19th

SAT/College Counseling

Session II: July 24th to August 16th

Academic Skills: Combat the Summer Slide Back to School Skills Review

Session I: June 26th to July 19th

Session II: July 24th to August 16th

Parenting/Behavior Management Workshops (once a week on Thursdays @ 5:00 pm to 6:00 pm)

Session II: June 26th to July 19th

Session II: July 24th to August 16th

Session Rates: Please check all appropriate

SAT/College Counseling Workshops (24-hour package with \$360 DISCOUNT included)

- Session I: \$1,440
- Session II: \$1,440

Academic Workshops (24-hour program)

- Session I: \$540 (4 WEEKS)
- Session II: \$550 (3 WEEKS)
- Session III: \$590 (2 WEEKS)

Back to School Workshops (24-hour program)

- Session II: \$540 (4 WEEKS)
- Session II: \$550 (3 WEEKS)
- Session III: \$590 (2 WEEKS)

Parenting/Behavior Management Workshops (once a week for 4 weeks)

- Session II: \$100
- Session II: \$100

Deadlines for Discounts

Register by May 31st – additional \$144 off

Register by June 8th – additional \$72 off

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

# of Sessions:			# of Registration Fee(s):		
# 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: _____

Mother's Information

Name: _____ DOB: _____

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

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

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

Father's 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 student: _____

Relationship to student : _____

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 academic concerns you would like to share with us?

5. Is there any additional information regarding the child's health that we should be aware of? (If yes, please explain)

Family Physicians Name: _____ Ph: (____) _____

Health Insurance Carrier: _____

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

CLOSING THE GAPS SUMMER WORKSHOP PARENT CONSENT FORM

FULL PAYMENT MUST BE RECEIVED ONE WEEK BEFORE THE START OF WORKSHOPS. Camp seats are based on confirmed enrollments and secured deposits. A one-time \$50 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 WORKSHOP REGULATIONS.

Signature: _____ Date: _____

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 workshops, 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 mail or email the registration forms. Thank You
Closing the Gaps / Email: closingthegaps@comcast.net