



Evolve Learning Community
4758 W. Commercial BLVD., FL 33319
954-440-2483

Intensive Therapeutic Skills Camp 2024 Registration Form

Please forward forms via email to c.sullivan@evolvelearningcommunity.com

Camper's Name: _____ DOB: _____

Parent(s)/Caregiver(s) Name _____

Parent/Caregiver Contact Information: _____

Parent/Caregiver Email address: _____

Emergency Contact Name and Phone #: _____

School and Grade: _____

Home Address, City, State and Zip: _____

Individuals authorized to pick up child: _____

Other Email: _____

Please **CIRCLE** which session your child will attend or both sessions:

SESSION 1: 4 Weeks Monday, June 17 to Friday, July 12 (closed 7/4)

SESSION 2: 4 Weeks Monday, July 15 to Friday, August 9

Camp runs 9-3 each day.

Does your child have any dietary restrictions (allergies, kosher, gluten free)? If so, please list:

Please list any goals/expectations you may have for your child's camp experience:

What activities does your child enjoy doing?

Please tell us anything that would be important for us to know about your child:

Consent for Therapeutic Camp Services

I voluntarily give consent for treatment by Evolve Learning Community, for myself and/or my family members. I understand the purpose of the camp is to assist in the formation and continued development of improved social/emotional skills, executive functioning skills, independent living skills and overall health and well-being. I am free to withdraw my consent at any time without penalty to me or my child. Evolve Learning Community will not release confidential material to other outside parties without written permission. As provided by law, confidentiality may only be breached for protection purposes when the patient is imminently dangerous to her/himself or others, or in cases of child abuse.

Signature: _____

Date: _____

Print Name: _____

Relation to child: _____



Evolve Learning Community
4758 W. Commercial BLVD., FL 33319
954-440-2483
Summer Camp 2024 Registration Form-Page 2

Camper's Name: _____

Please Read and Initial:

_____ Please note our camp sessions are 4 weeks and in order to create the most therapeutic and successful experience for each child, we need full participation from all families. Please ensure your child attends all camp days, unless there is an emergency or illness. Our primary goal is to promote and enhance social understanding, improve executive functioning and overall emotional health and well-being, and when members are absent; this affects the social facilitation and the therapeutic experience for everyone. Our second goal is to **Have Fun!** We hope you are sensitive to this issue and make a commitment to attend daily.

Fees and Payment Options for Camp:

\$100 Registration Fee-Due at time of Sign-up or by date of Intake Consultation
\$2500 per session (+weekly field trips \$15 to \$20)

***All camp fees are due by June 1, 2023 (session I) and July 1, 2023 (session II)**

In order to provide adequate staffing and preparations for the camp, please note that cancellation less than seven (7) days prior to camp and/or no-show days will not be refunded.

Please initial one:

_____ I will pay \$ _____ by cash or check

_____ I will pay \$ _____ by credit card

***Registration will be charged at time of sign up or initial consultation.**

Below is my credit card information.

Name on Card: _____

I authorize Evolve Learning Community to charge my credit card as follows:

Please Circle: \$100 Registration Fee Session I, II or both \$

Type of Card: Visa MasterCard Expiration Date: _____

Credit Card Number: _____ - _____ - _____ - _____, CVV Number _____ 3-digit number on the back of the credit card

Card Holder's Billing Address for Credit Card Statements:

Street City State Zip code

PLEASE SIGN- Signature: _____

Date ____/____/____