



Linden Preparatory Summer Camp Fun & Academic

(Choose from Academic, 2hr daily or Academic & Fun Camp All Day)

Academic:

Phonics (Using Orton Gilligham Approach & Lindamood Bell)
Reading Fluency and Comprehension
Vocabulary Sentence/Paragraph/Essay Writing/Handwriting
Math Fluency
Focus Skills Practice
(2 hrs daily)

Registration \$150.00 (Non Refundable)
Weekly Fee: \$125.00 For Academic
Program Only (2 Week Minimum)

Academic Sessions Desired (check weeks, circle times)

- Wk of June 10 (8:00-10:00 am or 10:00-12:00 pm) Wk of June 17 (8:00-10:00 am or 10:00-12:00pm) Wk of June 24 (8:00-10:00 am or 10:00-12:00
 Week of June 24 (8:00-10:00 am or 10:00-12:00 pm) Week of July 8 (8:00-10:00 am or 10:00-12:00 pm)
 Wk of July 15 (8:00-10:00 am or 10:00-12:00 pm) Wk of July 22 (8:00-10:00 am or 10:00-12:00 pm) Wk of July 29 (8:00-10:00 am or 10:00-12:00
 Week of Aug 5 (8:00-10:00 am or 10:00-12:00 pm) Week of Aug 12 (8:00-10:00 am or 10:00-12:00 pm)

Specific Academic Areas to work on: _____

Fun & Academics:

(9AM-3PM)
Full Academics Above
Lego, Robotics, Art, Music, Dance, Exercise, Field Trips

Registration \$175.00 (Non Refundable)
Weekly Fee: \$300.00 For Fun & Academic
(2 Week Minimum)

Fun Plus Academic Camp Sessions Desired (check weeks 2 week minimum)

- Week of June 10 Week of June 17 Week of June 24
 Week of June 24 Week of July 8
 Week of July 15 Week of July 22 Week of July 29
 Week of Aug 5 Week of Aug 12

Specific Academic Areas to work on: _____



Summer Camp Form

7600 SW 104 ST Classroom 15/16
(786) 338-8505
Rebekah@lindenprep.org

Summer Camp Registration

Child Information

Child's Last Name: _____ First Name: _____

Date of Birth (mm/dd/yy): _____ Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Child's Age as of June 20: Years: _____ Months: _____ Child's Grade as of September 1st: _____

School Child Will Attend in September: _____

Family Information

List of Siblings at Our Camp: _____

Mother's Name: _____ Father's Name _____

Billing Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Mother's Business Name: _____ Business Phone: _____ Cell: _____

Father's Business Name: _____ Business Phone: _____ Cell: _____

Mother's E-mail: _____ Father's E-mail: _____

Parent's Marital Status (Check all that apply): Married Divorced Separated Mother Remarried Father Remarried

Child's Physician: _____ Phone: _____

Allergies: _____

Does your child require an EpiPen: _____

Emergency Contact Other Than Parents:

Name: _____ Phone: _____

Father Authorized to pick up Child: Yes. No Mother Authorized to pick up Child: Yes No

Other persons authorized to pick up child: 1. _____ 2. _____



Payment

I acknowledge Registration and Camp Tuition above. I agree to pay camp for all sessions in full or biweekly one week prior. If payment is not received by the 3rd day of the week, Tuition will be billed to the credit card on file, plus applicable credit card fees. Consent for late payment via credit card is required for camp application acceptance.

Credit Card Information

Credit Card Number _____ Visa MC AMEX

Exp _____ Security Code _____ Billing Zip Code _____

No credit for missed days

Acknowledgement and Release of Liability:

By signing below, you acknowledge, that you have reviewed and fully understand the terms and conditions of this Agreement. You agree to abide by the terms and conditions of this Agreement and consent to participate in services offered by Linden Preparatory. Moreover, in consideration of the benefits to be derived from services, the receipt whereof is hereby acknowledged, you hereby indemnify and hold harmless, release, remise and forever discharge and covenant not to sue or hold legally liable, Linden Preparatory, or the Building, Facilities, from any and all claims, demands, damages, actions or causes of action whatsoever related to the services offered.

I consent and acknowledge the above. I also consent for

to begin Summer Camp with Linden Preparatory.

(Child's/Children's Name/s)

Parent Signature

Date