



**HEART OF HOPE ACADEMY INCLUSION CAMP at
COWART FAMILY ASHFORD DUNWOODY YMCA
APPLICATION**

(Please use a separate form for each camper)

Camper's First Name: _____ MI _____ Last Name: _____

Nick Name: _____ Gender: _____ Birthdate: _____

PROGRAM WEEK(S) DESIRED (check the week(s) and sport in which you are enrolling):

2009 Camp Schedule (Camp fee is \$350/week)

_____ **Week I** -- July 13th thru 17th (Basketball _____)

_____ **Week II** -- July 20th thru 24th (Basketball _____ or Soccer _____)

_____ **Week III** -- July 27th thru 31st (Tennis _____ or Base/Softball _____)

_____ **Week IV** -- August 3rd thru 7th (Basketball _____ or Soccer _____)

**** Important Note:** Weekly rates are based on a 2:1 camper-to-staff ratio. Rates may vary based on the camper's level of functioning, independence and need of support during camp. A required assessment must be scheduled by *May 15, 2009* to determine your child's functioning level and areas of interest.

***** Please Also Note:** Because of our 2:1 ratio, we have a minimum requirement of two campers per sport. If we do not receive at least two camper enrollments for a sport, the sport will no longer be available to Heart of Hope Academy.

Registration forms are due by May 15th, 2009. A \$100.00 deposit is required with each application.
(Checks, Visa & Mastercard accepted)

Primary Family Contact (Parent or Guardian)

First Name: _____ MI: _____ Last Name: _____

Relationship to Camper: _____

Home Phone: _____ Work Phone: _____ Cell: _____

E-mail: _____

Street Address: _____

City: _____ State: _____ Zip: _____

How did you learn about our program?: _____

Contractual agreement between Heart of Hope Academy and Camper's Parent/Guardian

I have enclosed \$100.00 fee per application (**non-refundable, non-transferable**) which applies toward the camp fee. The total balance is due by the first day of camp. I understand there are no refunds for late entrances or early withdrawals, voluntary and involuntary. Loss of fees due to illness extending over one week will be shared equally by parents and Heart of Hope Academy. **I will submit a health history and medical release form supplied by Heart of Hope Academy to them by May 27th, 2009. Failure to do so will result in forfeiture of deposit and the camper will *not* be permitted to attend camp.**

Signature: _____ Date: _____