



HEART OF HOPE ACADEMY INCLUSION CAMP APPLICATION

(Please use a separate form for each camper)

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

Nick Name: _____ Gender: _____ Birthdate: _____

PROGRAM SESSION DESIRED (check all desired sessions):

***** 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.**

2009 Camp Schedule

_____ Session I running from June 1st – June 19th – 3 Weeks (\$525/week)

_____ Session II running from June 22nd – July 10th – 3 Weeks (\$525.00/week)

_____ Session III running from July 13th – July 31st – 3 Weeks (\$525.00/week)

(For children registering for more than one session, camp is \$475.00/week)

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: _____

From what source did you hear 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 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: _____