



Motivating Minds

KB Summer Camp Registration Form 2019:

June 17-August 16, 2019
Monday-Friday
9:00am-2:00 pm
937 Crandon Blvd. Key Biscayne

Child's Information:

Name: _____ Age: _____

Grade entering: _____

First language: _____

Has your child had an educational evaluation: yes no

If yes, will you be willing to provide it to us? Yes no

Disabilities or limitations: _____

Medications: _____

Allergies: _____

Please have your child bring a lunch Mon-Thurs; Friday we will order pizza.
Please list any dietary restrictions. _____

Areas of concern:

- Reading fluency spelling reading comprehension attention
- Auditory processing decoding Math Writing skills
- language arts others _____

Please briefly describe what, if any, specific areas you would like us to focus on over the summer. (i.e. My son/daughter is not understanding the concept of regrouping in math)

Parent and Guardian Information:

Name: _____

Home Telephone: _____

Cell: _____

Email: _____

Please select a session/sessions:

FUN CAMP

- **Session 1: June 17-21**
- **Session 2 June 24-28**
- **Session 3: July 1-5**
- **Session 4: July 8-12**
- **Session 5: July 15-19**

ACADEMIC CAMP

- **Session 6: July 22-26**
- **Session 7: July 29- Aug 2**
- **Session 8: Aug. 5-9**

MIDDLE SCHOOL STUDY SKILLS CAMP (10:00-11:30am)

- **Session 9: Aug. 12-16**

* Space is limited, a deposit of \$250 with this registration form is due on or before May 31, 2019. The second payment is due on the first day of camp. * Please make checks payable to Motivating Minds, LLC. Send registration forms and checks to 937 Crandon Blvd. Key Biscayne, FL. 33149

Release of Liability.

On behalf of my child, myself, our heirs, guardians, and legal representatives, I waive and release any right I, my heirs, guardians, and legal representatives may have or acquire to make claim against or sue Motivating Minds, LLC, it's directors and employees. Motivating Minds, LLC agrees to do their best to maintain Student and others around Student safe. In case of accident or illness of the Student while in care of Motivating Minds, LLC they will report to Parents/guardian immediately or the same day of incident, depending on the severity of the case.

I have carefully read this Agreement and fully understand its contents.

Date: ____/____/____

Parent/Guardian Signature: _____

Parent/Guardian Name (please print): _____

Date: ____/____/____

Parent/Guardian Signature: _____

Parent/Guardian Name (please print): _____