



Dear Parent/Guardians

Greetings Parents! Summer is just around the corner and Michael Hearts Academy is excited to be offering camps. We are looking forward to the new adventures and memories that our staff will create with camp participants this year.

We plan to bring fulfilling adventures. Michael Hearts Academy will stimulate the minds of its campers by offering a curriculum that will teach Social Personal skills and Self-development. Our touring in the community will include field trips to Parks, games room, bowling and movies.

Even though we are meeting for the first time, we cannot wait to welcome the new camper to Michael Hearts Academy on the first day. Our staff is looking forward to working with you and your camper to make this a fun-filled and event-filled summer that will leave you and yours with wonderful memories for years to come.

Contact us to secure seating for **Hearts Camp** or **Hearts Career** session.

Please feel free to contact us at **(407) 223-0949** or **Email [Mjhearts19@gmail.com](mailto:Mjhearts19@gmail.com)**. We anticipate easy and open communication throughout the time camper here.

Sincerely President of Michael Hearts Academy,  
Jennifer Biggins



Michael Hearts  
Academy

"Home Away From Home"

Registration Form

\*Required Fields

**Student Information**

\*Name: \_\_\_\_\_ SS#: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Gender: \_\_\_\_\_ \*Disability Documentation: \_\_\_\_\_

\*Home address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_ \*County: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

\*Name of School: \_\_\_\_\_

**Parent/Guardian Information (if applicable)**

Name: \_\_\_\_\_

Home Phone, if different from student: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**\*Person Making Referral**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Accommodations for initial meeting with MHA Staff:**

Do you require an American Sign Language interpreter?  Yes

Do you require an assistive listening device?  Yes

Do you require translated documents?  Yes

Do you require a foreign language interpreter?  Yes

Do you require any other accommodation for your disability?  Yes

If yes, please explain: \_\_\_\_\_



**FIELD TRIP  
Parental/Guardian Consent Form  
and Liability waiver**

Participant's / Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Participant's / Child's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

e-Mail: \_\_\_\_\_

I (Parent/Guardian) \_\_\_\_\_, grant permission for my child,

(Child's Name) \_\_\_\_\_

to participate in this field trip **For the Hearts Camp Or Hearts Career with Michael Hearts Academy** , which includes transportation. This activity will take place under the guidance and direction of employees and/or volunteers.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant's agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend the Organizer its officers, directors and agents, and my own representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Organizer, its officers, directors and agents, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

\_\_\_\_\_  
**Signature of Parent/Guardian/Application**

\_\_\_\_\_  
**Date**



**Medical Matters:**

I hereby warrant that to the best of my knowledge, my child is in good health, and assume all responsibility for the health of my child.

**Emergency Medical Treatment:**

In the event of an emergency, hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. Wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me at the above numbers, contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_

Policy#: \_\_\_\_\_

**Specific Medical Information:** The Organizer will take reasonable care to see that the following information will be held in confidence:

Allergic reactions (medications, foods, plants, insects, etc.):

\_\_\_\_\_

Immunizations—date of last tetanus/diphtheria immunization:

\_\_\_\_\_

Does child have a medically prescribed diet?

\_\_\_\_\_

Any physical limitations?

\_\_\_\_\_

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?

\_\_\_\_\_

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? if so, date and disease or condition:

\_\_\_\_\_



You should be aware of these special medical conditions of my

child: \_\_\_\_\_  
\_\_\_\_\_

**Life skills:**

Can camper use bathroom independently? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain if needs special assistance in the bathroom:

\_\_\_\_\_  
\_\_\_\_\_

Can camper feed himself/herself independently? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain if special assistance is needed with eating (example, food cut-up):

\_\_\_\_\_  
\_\_\_\_\_

**\*Disability Documentation**

In accordance with the requirements identified by Michael Hearts Academy, one of the following documents MUST be submitted with the Registration. Please check off as attached:

\_\_\_\_\_ Current IEP      \_\_\_\_\_ Current 504 Plan      \_\_\_\_\_ Behavior Plan  
\_\_\_\_\_ Other documentation stating student is being served as a student with a disability

- All payments are due in advance of service.
- **Payments for summer camp must be paid on the Monday of each week. For any fees, a \$25 late fee will apply.**
- All camp fees are non-refundable once a camper is accepted to any session. No refunds or credits are given. · Camper submits an application along with payment and the camper is deemed ineligible to attend Camp by Michael Hearts Academy management, the deposit check, and any other funds, will be returned in full. · Camper fails to complete any camp session, no refund or credit will be given. · All camp fee payments will be forfeited for campers who fail to attend assigned session(s).

**Guarantee of payment:** For and in consideration of services rendered or to be rendered I hereby agree to pay any and all camp fees listed on this form. I understand and agree that all bills are payable and become due upon presentation.

\_\_\_\_\_  
**Signature of Parent/Guardian/Application**

\_\_\_\_\_  
**Date**



All information in the above application is correct to the best of my knowledge. I understand that through Michael Hearts Academy, campers are offered different Social Skills with multiple activities in the community, which can help campers explore, prepare for, and make informed life decisions. I understand that I must be an active participant in the services I choose to achieve.

\_\_\_\_\_  
**Signature of Parent/Guardian/Application**

\_\_\_\_\_  
**Date**

**Photograph/image consent**

Michael Hearts Academy would like your permission to use images/photos that may include camper. I hereby grant permission to Michael Hearts Academy to photograph and video me, and otherwise capture my image, and to make recording of my voice. I further grant to Michael Hearts Academy right to reproduce, use, exhibit, display, broadcast and distribute these images and recording in any media now known or later developed for promoting, publicizing or explaining Special Hearts Farm and its activities. Photographs, video images and voices recordings are the property of Michael Hearts Academy.

\_\_\_\_\_  
**Signature of Parent/Guardian/Application**

\_\_\_\_\_  
**Date**

Please complete the fee chart below to determine camper's final fee. **Financial aid will be availability soon.** Campers may attend more than one session within their designated age groups. Age groups are a guideline for providing an age-appropriate experience. List below the appropriate session fee(s) that camper will be attending.

Mark X below to make your reservation			
Choose your Session Fee: Regular Session Fee –	Regular Rate		Total
<input type="radio"/> Session 12/18/23 -12/22/23 8a to 4pm	50.00		
<input type="radio"/> Session 12/22/23 -12/29/23 8a to 4pm	50.00		
<input type="radio"/> Session 1/1/23- 1/5/23 830am to 1230pm	free	Career camps 20hrs	
<input type="radio"/> Session 1/1/23 – 1/5/23 1230 pm to 430pm	50.00		
<input type="radio"/> Session			
<input type="radio"/> Session			
<input type="radio"/> Session			
<input type="radio"/> Session			
<input type="radio"/> Session			
<b>T-shirt Total (\$15 each) Blue</b>		<b>Shirt size _____</b>	
		<b>Total Amount Due</b>	
<b>Amount of Enclosed Payment:</b>			