



Michael Hearts Academy

"Home Away From Home"

Returning Camper

*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**



I (Parent/Guardian) _____, grant permission for the Camper, (Camper's Name) _____ to participate in this field trip For the _____ 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.

Michael Hearts Academy would like your permission to use images/photos that may include campers. I hereby grant permission to Michael Hearts Academy to photograph and video me, and otherwise capture my image, and to make a recording of my voice. I further grant 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 its activities. Photographs, video images and voices recordings are the property of Michael Hearts Academy.

All information in the above application is correct to the best of my knowledge. I understand that through Michael Hearts Academy, campers be offered different Social Skills with multiple act ivies 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.

- All payments are due in advance of service.
- Payments for campers 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 the 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 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



***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.

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			Total
Choose your Session Fee: Regular Session Fee –	Regular Rate		
<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			
T-shirt Total (\$15 each) Blue		Shirt size _____	
		Total Amount Due	
Amount of Enclosed Payment:			

Any other changes or Concerns. Please list below:
