



# 2018 Summer Program Registration Form

Please return to [admin@mymind.com](mailto:admin@mymind.com)

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Gender: \_\_\_\_\_ School: \_\_\_\_\_ Grade Entering: \_\_\_\_\_  
 Parent/Guardian Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Primary Contact: \_\_\_\_\_ Secondary Contact: \_\_\_\_\_  
 Email: \_\_\_\_\_  Please send me my confirmation via email

**Please use the table below to indicate registration dates and program selections.**

date	select your camp choice and circle to indicate either half or full day <i>*note: themed camps are full day only</i>		
6/11 - 6/15	<input type="checkbox"/> Summer Discovery HALF/FULL	<input type="checkbox"/> Summer Study Hall HALF/FULL	<input type="checkbox"/> Restaurant Service Skills
6/18 - 6/22	<input type="checkbox"/> Summer Discovery HALF/FULL	<input type="checkbox"/> Summer Study Hall HALF/FULL	<input type="checkbox"/> Ballers & Broadcasting (FB)*
6/25 - 6/29	<input type="checkbox"/> Summer Discovery HALF/FULL	<input type="checkbox"/> Summer Study Hall HALF/FULL	<input type="checkbox"/> Songwriting Bootcamp
7/2 - 7/6	<input type="checkbox"/> Summer Discovery HALF/FULL	<input type="checkbox"/> Summer Study Hall HALF/FULL	<input type="checkbox"/> History's Mysteries
7/9 - 7/13	<input type="checkbox"/> Summer Discovery HALF/FULL	<input type="checkbox"/> Summer Study Hall HALF/FULL	<input type="checkbox"/> Farm to Table Foodies
7/16 - 7/20	<input type="checkbox"/> Summer Discovery HALF/FULL	<input type="checkbox"/> Summer Study Hall HALF/FULL	<input type="checkbox"/> Ballers & Broadcasting (BB)* <input type="checkbox"/> Songwriting Bootcamp
7/23 - 7/27	<input type="checkbox"/> Summer Discovery HALF/FULL	<input type="checkbox"/> Summer Study Hall HALF/FULL	<input type="checkbox"/> Earth & Science Week
7/30 - 8/3	<input type="checkbox"/> Summer Discovery HALF/FULL	<input type="checkbox"/> Summer Study Hall HALF/FULL	<input type="checkbox"/> SOMe Kindness Matters
8/6 - 8/10	<input type="checkbox"/> Summer Discovery HALF/FULL	<input type="checkbox"/> Summer Study Hall HALF/FULL	<input type="checkbox"/> Back-to-School Bootcamp

- Half Day / 9:00 a.m.-12:00 p.m. Monday - Friday      \$300 x \_\_\_\_\_ (# of sessions) = \_\_\_\_\_
- Full Day / 9:00 a.m.- 3:00 p.m. Monday - Friday      \$400 x \_\_\_\_\_ (# of sessions) = \_\_\_\_\_
- After Care / 3:00 p.m. - 5:00 p.m. Monday - Friday      \$25 per day x \_\_\_\_\_ = \_\_\_\_\_
- Sibling Discount      10% = \_\_\_\_\_

As our programs are customized, non-refundable payment is due upon registration      **Total =** \_\_\_\_\_

**Payment Format**

- Check Enclosed in the amount of: \$ \_\_\_\_\_
- Please bill my credit card the following amount: \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_ Circle: Mastercard    VISA    Amex    Discover

Credit Card #: \_\_\_\_\_ Expiration date: \_\_/\_\_/\_\_ CSV: \_\_\_\_\_

## AUTHORIZED PICK-UP LIST / EMERGENCY MEDICAL RELEASE

### Pickup List

Anyone picking up a camper must provide a photo I.D. and be listed below.

Parent / Guardian Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

List up to 3 other people (other than the parent/guardian) who are authorized to pick up the camper and should be contacted in case of an emergency or emergency pick-up if parent cannot be reached.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact #: \_\_\_\_\_

### Emergency Medical Release

In case of an emergency, I understand every effort will be made to contact me or the emergency contact persons listed above. In the event that we cannot be reached, I hereby give permission to the physician listed on the form to hospitalize, secure proper treatment and to order anesthesia or surgery for my child.

Physician's Name: \_\_\_\_\_ Hospital Affiliation: \_\_\_\_\_

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

Medical Insurance Provider: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

### Allergies and Medications

Known Allergies: \_\_\_\_\_

Does your child need to take medication(s) during camp (circle one)?    YES    NO

If your child requires medication, please specify: \_\_\_\_\_

The Permission to Administer Medication form must be completed and given to Space of Mind one week prior to the first day of the each camp session. Medication must be accompanied by the original physician's prescription with clearly written directions. If your child has other special needs (language, learning disability, speech, hearing, food allergies, etc) please contact Space of Mind at (561) 894-8772 prior to June 11.

### Medical Release

Of course, we will do our best to reach you in case of an emergency. Just in case, your signature below authorizes Space of Mind as agent for the undersigned to consent with respect to said minor, to an x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed necessary. I understand that Space of Mind is not responsible for costs incurred for medical care.

### Policies

- I give permission for sunscreen to be administered and/or applied to my camper as deemed necessary.
- I agree that any camp participant's belongings may be searched outside the participant's presence for drugs, alcohol, weapons, and other forbidden objects.
- Campers are asked to leave any valuables and electronics at home. Space of Mind and it's employees are not responsible for lost or stolen items.
- I give my permission for my child's photograph or video to be taken for the use by Space of Mind in program brochures, annual report, website, social media sites and other promotional materials and for the release to local newspapers.

**I have read, understand and agree to the terms of this application.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_