



# ACADEMIC CAMP ENROLLMENT FORM

Student Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent(s) \_\_\_\_\_

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

Street

City, State

Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Name

Relationship

Phone

Dates: Starting \_\_\_\_\_ Ending \_\_\_\_\_ Times \_\_\_\_\_

This is to be completed after **Free Consultation**. Records Review for previous testing or IEP is **\$95**.

### FEES

### Total

- Enrollment (non-refundable, applicable toward program) \$150 \_\_\_\_\_
- Assessment \$95 - \$450 depending on what is needed \_\_\_\_\_
- License fees for \_\_\_\_\_ \_\_\_\_\_
- Program fees for \_\_\_\_\_ \_\_\_\_\_
- Materials fees for \_\_\_\_\_ \_\_\_\_\_

### Payment Method

- Check** Number \_\_\_\_\_ Amount \_\_\_\_\_ \_\_\_\_\_
- Credit Card** Type: Visa MC Exp. Date \_\_\_\_\_ \_\_\_\_\_
- Number \_\_\_\_\_ CV \_\_\_\_\_
- Name on Card \_\_\_\_\_
- Address \_\_\_\_\_
- Dates for EFT \_\_\_\_\_