



Summer Camp 2016

Student Name

First Name

Last Name

Middle Initial

8 weeks academic program

Week	Dates		
1	June 12 - 16	<input type="checkbox"/>	First Session <input type="checkbox"/>
2	June 19 - 23	<input type="checkbox"/>	
3	June 26 - 30	<input type="checkbox"/>	
4	July 3 - 7 <i>(Closed July 4th)</i>	<input type="checkbox"/>	
5	July 10 - 14	<input type="checkbox"/>	Second Session <input type="checkbox"/>
6	July 17 - 21	<input type="checkbox"/>	
7	July 24 - 28	<input type="checkbox"/>	
8	July 31 - August 3	<input type="checkbox"/>	



Student / Camper Information

STUDENT'S PERSONAL INFORMATION

[]			[]			[]		
First Name			Last Name			Middle Initial		
[]								
Street Address								
[]			[]			[]		
City			State			Postal Code (ZIP)		
Birthdate	[]	/	[]	/	[]	[]		
Month	Day	Year	Age					
[]						<input type="checkbox"/> Y <input type="checkbox"/> N M.O.T. Student		
Grade Completed								

OFFICE USE ONLY

Please do not write below this line

- Registration Form
- Medical Information & Emergency Authorization Form
- Academic Status and Planning Form

Date of Application Approval: [] By []

Placement

Academics Only # [] Activity Group # [] Full Day []

Field Trip Buddies:

	Name	Phone
1.	[]	[]
2.	[]	[]

Group # [] Buddy # []



MEDICAL INFORMATION AND EMERGENCY AUTHORIZATION

<input type="text"/>	<input type="text"/>
Student/Campers Name	Date
<input type="text"/>	<input type="text"/>
Date of Birth	Grade

In the event that my child has an accident or illness while attending Camp or on an authorized field trip or activities outside the School / Camp, the Teachers, chaperones and counselors will make every reasonable effort to contact me or my spouse or other emergency contact prior to medical treatment or hospitalization. If hospitalization is required, any procedures, surgery, or anesthesia that may be deemed necessary by the judgment of the medical staff, may be done via phone consent with myself or my spouse or other emergency contact.

If reasonable efforts to contact myself, my spouse and other emergency contact person are unsuccessful, the School / Camp and its staff are authorized to:

1. Take my child to seek medical/dental care;
2. To consent any procedure, surgery, or anesthesia, if, in the judgment of the medical staff such treatment is needed; and treat the emergency medical conditions of my child;
3. Fill in and sign the forms and other documents necessary to facilitate the above medical procedure; and
4. Incur and pay any medical, hospital and ambulance expenses on behalf of myself as a result of such injury or illness, including those may not be covered by insurance.

The above authorization shall be valid during the entire period for which my child is under the care and supervision of M.O.T ACADEMY unless expressly revoked by me in writing to the School.

I further acknowledge that I am responsible for updating the contact information and student health information provided herein to M.O.T ACADEMY.

Parent Signature (REQUIRED)



Parent / Guardian

<input type="text"/>		
First Name	Last Name	Middle Initial
<input type="text"/>		
Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Postal Code (ZIP)
Mother's Telephone	<input type="text"/>	
	Daytime	
	<input type="text"/>	
Father's Telephone	Evening	
	<input type="text"/>	
	Cell Phone	
<input type="text"/>		
Daytime		
<input type="text"/>		
Evening		
<input type="text"/>		
Cell Phone		

Emergency Contact Person:

(Not a Parent. If parent/guardian cannot be reached using all means available. The emergency person has your permission to make decisions regarding emergency treatment and surgery for your child.)

1.

First Name	Last Name	Middle Initial
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Phone Numbers

<input type="text"/>
Daytime
<input type="text"/>
Evening
<input type="text"/>
Cell Phone

2.

First Name	Last Name	Middle Initial
------------	-----------	----------------

Phone Numbers

<input type="text"/>
Daytime
<input type="text"/>
Evening
<input type="text"/>
Cell Phone



Health Insurance

Company _____ Policy # _____

Hospitals/Clinics Designated, if any, Under the Policy:

Any other medical insurance restrictions or information that the School should know:

STUDENT'S MEDICAL INFORMATION

ALLERGIES

Drug/s
Food
Environmental
Other

MEDICAL CONDITIONS

Blood Type A AB B O
RH FACTOR Positive Negative

Special Dietary Needs

Date of Last Medical Exam			
	Month	Day	Year
Date of Last Vision Exam			
	Month	Day	Year
Date of Last Dental Exam			
	Month	Day	Year

Current Medical Conditions:



Any other medical condition, allergy, injury, surgery, vaccinations or other information that the School should be aware of:

Your Signature acknowledges your consent for the MOT Staff and representatives to administer the following medications at MOT’s discretion.

X Signature

Check the medication/s you **DO NOT** what him/her to receive.

- | | |
|--|--|
| <input type="checkbox"/> ALL | <input type="checkbox"/> Sudafed – Nasal decongestant |
| <input type="checkbox"/> Tylenol (Acetaminophen) – Pain relief | <input type="checkbox"/> Benadryl – Allergy relief |
| <input type="checkbox"/> Ibuprofen – Pain relief/anti-inflammatory | <input type="checkbox"/> Chewable antacids – Stomach upset/Indigestion |
| <input type="checkbox"/> Advil Cold/Sinus tablet – for Respiratory | <input type="checkbox"/> Throat lozenges – for sore throats |
| <input type="checkbox"/> Tylenol Cold/Cough – for Respiratory | |

Check the box if your child has/had or received medical treatment for the following conditions:

- | | | |
|---|--|---|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Epilepsy/seizures | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Rash or skin condition |
| <input type="checkbox"/> Back Problems | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Cancer/Tumor | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Slipped Disc (Back) |
| <input type="checkbox"/> Chronic Tonsillitis | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Spinal Fracture |
| <input type="checkbox"/> Congenital Deformity | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Problems | <input type="checkbox"/> Vision Problems |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Mental Breakdown | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Drug problems | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Wrist Problems |
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Other | |

If you checked any of the boxes above, please explain:

Taking any medication in a daily basis: YES *Please Explain* NO

Any Surgery: YES *Please Explain* NO



Please fill in the dates for your child's vaccinations: *Received doctors vaccination sheet*

Name of Vaccination	Dates Received (Mont/Day/Year) (Dates must be provided for a complete application)					
Measles/Mumps/Rubella (Required)						
Diphtheria/Pertussis/Tetanus (Required)						
Poliomyelitis(Oral/Inject)(Required)						
Hepatitis A						
Hepatitis B						
Varicella (Chicken Pox)						

Additional Vaccines

Does your child have any condition/injury which would prevent him/her from full participation in physical education and athletic activities? Yes No *(If yes, please explain)*

Additional Comments



Summer 2017

Parent-Student Information & Rates

Dear Parents,

This Summer M.O.T. Academy will be offering a Fun-filled Summer Camp and Summer Learning to students entering Kindergarten through 8th Grade starting June 9th to August 1st, 2014. Your child will be able to enjoy a full spectrum of summer camp experiences including field trips, weekly themes, recreational activities, sports, arts, music, cooking and much more. In addition, your child will have the opportunity to strengthen their academic needs as our camp will include Reading and Math support as part of our summer program.

At My Own Teacher Summer Camp our goal is to offer a safe, inclusive and enjoyable summer experience for all students. We offer a simple and equitable registration process as well the help of our professional staff.

Come and discover the fun this summer at My Own Teacher Summer Camp.

Summer Camp Hours

- 8:00 a.m. to 9:00 a.m. A.M. Early Drop off available
- 9:00 a.m. to 12:00 p.m. A.M. Camp/Academic Program
- 12:00 p.m. to 1:00 p.m. Lunch
- 1:00 p.m. to 5:00 p.m. P.M. Camp

Take advantage of our special discount when you register by April 7^h, 2017. (See attached memo.)

Contact Ms. Natasha at the Main Office and Register today!

Call (786) 299-5915



Registration Fees (Non Refundable)

**T-shirt included for all campers*

Full Session (8 weeks)	\$80.00
Early Registration by April 7th, 2017	\$60.00

Summer Camp Program Fees

Program	Days Available	Fees
Full Program including Academics	Monday – Friday 9:00am - 5:00pm	\$99.00 per student
Academic Camp Only	Monday/Wednesday/Friday 9:00am – 12:00pm	\$60.00 per student
Early Drop off Available	Monday – Friday 8:00am – 9:00am	No cost

**All Fees must be paid in full on Monday of each week. A late fee of \$10.00 will be added for late payment.*

Individual tutoring available for all grade levels upon request.

Lunch

Each Camper must bring the following on a daily basis:

- 2 Healthy Snacks
- 1 bagged lunch/ drink

Snack available to purchase upon request.

Field Trips

Field Trips will be charged separately on a weekly basis.



My Own Teacher Learning Center
14202 SW 62 Street - Miami, Florida 33183
Phone:(786) 299-5915 - FAX:(786) 228-8940
WWW.MOTACADEMY.COM

S.A.P Summer 2017

Special Student Information & Rates

My Own Teacher Learning Center Summer Camp is **specifically** designed for children who experience the daily struggles of social, emotional, and academic frustration in the traditional school setting. Our campers have diagnoses that may include: ADHD/ADD, Asperger's Syndrome, Learning Disabilities, Emotional Disorders, and Behavior Disorders.

The camp is based on 4 essential goals; Social Skills: Development of the child's problems solving and social skills and the social awareness necessary to get along better with other children. Academic Achievement: Improvement of the child's learning skills and academic performance along with the development of the child's abilities to follow instructions, to complete tasks that s/he fails to finish, and comply with adults' requests. Self Esteem: Improvements of the child's self-esteem by developing competencies in the areas necessary for daily life, such as interpersonal, recreational, academic, and other task related areas. Behavior Management: Development of a child's ability to self-manage behavior through adapted reward and response cost programs and the modeling of appropriate behaviors.

A typical camp day includes both an academic and recreational component consisting of a social skill of the day, group activity, reading and math instruction, arts/crafts, sports, and positive reinforcement. Camp is specifically designed to be a fun summer experience. We look forward to sharing our fun filled summer with your child.



Summer Camp Hours

- 8:00 a.m. to 9:00 a.m. AM Early Drop off available
- 12:00 p.m. to 1:00 p.m. Lunch Break
- 1:00 p.m. to 4:00 p.m. PM Camp

Registration Fees (Non Refundable)

Full Session (9 weeks)	\$80.00
Early Registration by April 7th, 2017	\$60.00

S.A.P. -Special Attention Program

Program	Days Available	Fee
Full Program including Academics	Monday – Friday 9:00am - 5:00pm	\$150.00 per student
Academic Camp Only	Monday/Wednesday/Friday 9:00am – 12:00pm	\$85.00 per student
Early Drop off Available	Monday – Friday 8:00am – 9:00am	No cost

**All Fees must be paid in full on the morning Monday of each week. A late fee of \$10.00 will be added for late payment.*

Field Trips

Field Trips will be charged separately on a weekly basis.