



AEF Camp Programs

www.aefcamps.com

Select Program by checking box below

Day

Young Adult

Mixed / Tutorial

CIT / Jr Counselor

How did you hear about our camp? _____ Form available online at www.AEFCamps.com

Camper Last Name _____ First Name _____ Middle Name _____ Male / Female
Circle appropriate gender

Street Address _____

City _____ State _____ Zip Code _____ Phone (____) _____

Date of Birth _____ Summer Age _____ Grade entering in September _____

MOTHER'S NAME _____

_____ Email Address _____

Home Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

FATHER'S NAME _____

_____ Email Address _____

Home Street Address (if same write same) _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Who has legal custody of the camper during the time he/she is enrolled? _____

In whose care may we release the camper if parents cannot be located? _____

Home Phone: _____ Cell Phone: _____

E-mail address _____

Persons NOT permitted to remove the camper: _____

EMERGENCY CARE: As parent/guardian, I hereby give permission to AEF to seek and obtain emergency medical attention for the above camper when deemed necessary by AEF officials, and do hereby release AEF from any liability resulting from such attention. (AEF is used as an abbreviation for Alternative Education Foundation throughout this document)

Date: _____

Parent/Guardian Signature: _____

Please complete back side of application

Camp Hours 8:30am to 2:30pm

Pre Care 7:30-8:30 Aftercare 2:45 to 5:30
 Not included in cost of camp and paid separately \$75 /week

Select the weeks camper will attend below

- Week 1: June 15 - June 19
- Week 2: June 22 - June 26
- Week 3: Jun 29 - July 3
- Week 4: July 6 - July 10
- Week 5: July 13 - July 17
- Week 6: July 20 - July 24
- Week 7: July 27 - Jul 31
- Week 8: TBD

Camper can attend any combination of weeks Minimum of 2 weeks required Sibling Discounts Available

Per Week Rates and All Week Rates

Financial Assistance and Scholarships Available to Qualified Applicants

	Day Camp	Young Adult	CIT / Jr. C *	Mixed **	Tutorial
Per Week	\$ 175.00	\$ 200.00	\$ 475.00	\$ 225.00	TBD
10% Discount 7 Week Price	\$ 1,102.50	\$ 1,225.00	\$ 2,975.00	\$ 1,400.00	TBD

- * Discounted 7 week price requires payment in full at time of enrollment
- * CIT/ JR Counselor must be approved by administration prior to enrolling
- ** Mixed Program consists of academic mornings 8:30 - 11:30 and activity camp from 12:00-2:30
- ***Pricing above is subject to change and is based on space and availability

Registration Fee includes 2 camp shirts required for all campus trips			Shirt Size: _____
New Campers	\$ 125.00	Existing Students	\$ 50.00

A non-refundable deposit equal to the amount of two weeks of camp or \$500 is required to reserve a place for the camper. Amount will be applied against total due. All balances are due in full 3 weeks before the program begins. The total due does not include transport or individual tutoring if requested (math, reading, speech/language therapy and perceptual motor training)

Camp Focus and Goals

Please indicate the goals you would like your child to work on during their time in our summer camp. Although your child will effectively work on most of these skills, they will help us put together a more focused program and the most suitable program for your child.

- Having Fun
- Making Friends
- Sharing / Taking Turns
- Good sportsmanship
- Following Directions
- Minding own business
- Enjoying Outside time
- Being respectful
- Organizational Skills
- Time Management
- Physical Fitness
- Focus / Attention
- Task Analysis
- Independence
- Decision Making
- Manners
- Respect
- Appreciation
- Citizenship
- Self-Esteem

Enclosed is non refundable deposit that will apply to the basic fee. I agree to pay the balance at least 3 weeks before the program begins. I understand there is no refund for late arrival or early departure from camp, if camper is dismissed because of disciplinary action, if I withdraw my child from camp, if I do not use all/any of the weeks, or any reason whatsoever. I grant permission for my child to participate in any off campus trips. I also give permission to AEF to use its transportation on all adult supervised trips and release AEF from liability. I also grant the publication of any photos taken of my child during the period he/she is in attendance at AEF Summer Program. I understand that there is no day camp on July 4th and if July 4th falls on a weekend, there is no camp on either the Monday or Friday surrounding July 4th as determined by Federal Government in observance of Independence Day. I understand all camps require a non refundable deposit.

Date: _____ Parent/Guardian Signature _____

Please turn over form and fill out other side of page.

** Upon receipt of a signed application form and deposit, AEF will mail out additional forms for completion by parents or guardians, as well as more information pertaining to the camp schedule, activities, field trips etc.



AEF Summer Programs
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 www.AEFCamps.com www.AEFSchools.com
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