



Dear Parent/Guardians

Greetings Parents! Summer is just around the corner and Michael Hearts Academy is excited to be offering camps. We are looking forward to the new adventures and memories that our staff will create with camp participants this year.

This summer we plan to bring fulfilling adventures. Michael Hearts Academy will stimulate the minds of its campers by offering a curriculum that will teach Social Personal skills and Self-development. Our touring in the community will include field trips to Parks, games room, bowling and movies.

Even though we are meeting for the first time, we cannot wait to welcome the new camper to Michael Hearts Academy on the first day. Our staff is looking forward to working with you and your camper to make this a fun-filled and event-filled summer that will leave you and yours with wonderful memories for years to come.

Please feel free to contact us at **(407) 223-0949** or **Email** **Mjhearts19@gmail.com**. We anticipate easy and open communication throughout the time camper here.

Sincerely President of Michael Hearts Academy,
Jennifer Biggins



Michael Hearts Academy

"Home Away From Home" Registration Form

*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: _____

*Summer Camp Session Requested weeks (Check all that apply)

☐ All day camp 8:00am to 4:00pm

☐ Session 1 6/2/25-6/6/25

☐ Session 2 6/15/25-6/20/25

☐ Session 3 6/23/25-6/27/25

☐ Session 4 7/7/25-7/11/25

FIELD TRIP
Parental/Guardian Consent Form
and Liability waiver

Participant's / Child's Name: _____

Birth Date: _____

Work Phone: _____

Participant's / Child's Name: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____

e-Mail: _____

I (Parent/Guardian) _____, grant permission for my child,

(Child's Name) _____

to participate in this field trip **For the Summer camp 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 on 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.

Signature of Parent/Guardian/Application

Date

Medical Matters:

I hereby warrant that to the best of my knowledge, my child is in good health, and assume all responsibility for the health of my child.

Emergency Medical Treatment:

In the event of an emergency, hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. Wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me at the above numbers, contact:

Name: _____

Phone: _____

Relationship: _____

Phone: _____

Family Doctor: _____

Family Health Plan Carrier: _____

Policy#: _____

Specific Medical Information: The Organizer will take reasonable care to see that the following information will be held in confidence:

Allergic reactions (medications, foods, plants, insects, etc.):

Immunizations—date of last tetanus/diphtheria immunization:

Any physical limitations?

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? if so, date and disease or condition:
You should be aware of these special medical conditions of my

child: _____

Life skills:

Can camper use bathroom independently? Yes _____ No _____
Please explain if needs special assistance in the bathroom:

Can camper feed himself/herself independently? Yes _____ No _____
Please explain if special assistance is needed with eating (example, food cut-up):

***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

- All payments are due in advance of service.
- **Payments for summer camp 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 a 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 any and 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

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

Signature of Parent/Guardian/Application

Date

Photograph/image consent

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

Signature of Parent/Guardian/Application

Date