

## REGISTRATION FORM

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Main Phone Number \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_

### Check Session(s) Attending:

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> June 3-6   | <input type="checkbox"/> July 8-11  |
| <input type="checkbox"/> June 10-13 | <input type="checkbox"/> July 15-18 |
| <input type="checkbox"/> June 17-20 | <input type="checkbox"/> July 22-25 |

Last Grade Completed \_\_\_\_\_

School Attended \_\_\_\_\_

**Therapies (circle all that apply) OT , PT, ST**

**Medicaid/Insurance #** \_\_\_\_\_

### T-shirt size:

- |                             |                             |                              |                              |                               |
|-----------------------------|-----------------------------|------------------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> YS | <input type="checkbox"/> YM | <input type="checkbox"/> YLG | <input type="checkbox"/> YXL |                               |
| <input type="checkbox"/> AS | <input type="checkbox"/> AM | <input type="checkbox"/> AL  | <input type="checkbox"/> AXL | <input type="checkbox"/> A2XL |

Total Amount Enclosed \_\_\_\_\_

**(Total Payment DUE prior to 1st day of camp)**



**CAMP**  
*compassion*  
2019



## □ *daily schedule*

Campers will need to **arrive at 8:00 am and be picked up by 2:30 pm** daily. Campers are expected to *bring their own lunches*. Applications will be processed on a first-come basis.

**Registration will be closed when space is filled.**

**We will take a total of 25 campers each week.**

All activities will be designed to fit needs of each week's population. Students will rotate through stations that teach compassion, team work, making friends, social skills, etc.

## □ *program*

Our program is designed to expose each camper to a wide variety of activities. The goal is to create an opportunity for each camper to achieve success, whatever their ability. For a child to gain self-esteem he/she must develop the basic knowledge of the skills involved.

## □ *location*

Camp will be at Compass Academy, located at 1215 Sturgis Road in Conway.

## □ *contact information*

**Courtney Williams**, director  
501.581.1070  
[blessedmommy31@yahoo.com](mailto:blessedmommy31@yahoo.com)



## □ *faculty*

Our camp staff will include fun, loving, outgoing individuals who have a high degree of knowledge in working with kids with special needs.

## □ *fees*

Enrollment fee for one week of camp is **\$185**. For all 6 weeks of camp total fee is **\$900**. Total payment must be paid prior to first day of camp.

Each camper will be given a camp t-shirt to wear as they wish during camp.

**30% DISCOUNT FOR SIBLINGS**

## □ *registration options*

Register online at [compassacademyconway.org](http://compassacademyconway.org)

Or mail in registration form to:

**Compass Academy**  
1215 Sturgis Rd  
Conway, AR 72034

Make all checks payable to:  
**Compass Academy**

*All payments must be accompanied with registration form.*

# **CAMP** *compassion*

## 2019

For students with or without special needs, ages 5-19

### Six one-week sessions:

**Mon-Thur**  
**June 3-6**

**June 10-13**

**June 17-20**

**July 8-11**

**July 15-18**

**July 22-25**

Depending on availability, students are welcomed to come to one or all sessions.

