#### **REGISTRATION FORM**

| Child's N   | lame        |            |                     |                |  |      |           |            |        |
|---|-------------|------------|---------------------|----------------|--|------|-----------|------------|--------|
| Parent's Name   |             |            |                     |                |  |      |           |            |        |
| Address   | i           |            |                     |                |  |      |           |            |        |
| City  |             |            |                     |                |  |      |           |            |        |
| State Zip Code  Main Phone Number  Alternate Phone Number |             |            |                     |                |  |      |           |            |        |
|   |             |            |                     |                |  |      |           |            |        |
|   |             |            |                     |                |  | Chec | k Sessioı | n(s) Attei | nding: |
| o June 6-9  |             |            | <b>o</b> July 11-14 |                |  |      |           |            |        |
| o June 13-16  |             |            | o July 18-21        |                |  |      |           |            |        |
| o June 20-23  |             |            | o July 25-28        |                |  |      |           |            |        |
| Last Gra  | de Comple   | eted       |                     |                |  |      |           |            |        |
| School A  | Attended _  |            |                     |                |  |      |           |            |        |
| Therapi   | ies (circle | e all that | apply) O            | Γ, PT, ST      |  |      |           |            |        |
| Medica  | id/Insura   | nce #      |                     |                |  |      |           |            |        |
|   |             | T-shir     | t size:             |                |  |      |           |            |        |
| □YS   | □YM         | □YLG       | □YXL                |                |  |      |           |            |        |
| □AS   | □AM         | □AL        | □AXL                | □ A2XL         |  |      |           |            |        |
| Total Am  | ount Encl   | osed       |                     |                |  |      |           |            |        |
| (Total  | Paymen      | t DUE pr   | ior to 1s           | t day of camp) |  |      |           |            |        |
|   |             |            | ()                  | Л R/ID         |  |      |           |            |        |







### 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.

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 cwilliams.compass@gmail.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 \$250 for all 6 weeks of camp total fee is \$1200. 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

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.



For students with or without special needs, ages 5-18

# Six one-week sessions: Mon-Thur June 6-9 June 13-16 June 20-23 July 11-14

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

July 18-21

July 25-28





