

Executive Function Boot Camp Registration

July 25, 26, & 27, 2017 10:30am–noon each day

Facilitator: Elizabeth Morarie, B.A., Gifted/2e Specialist

Fee: \$250 – must be paid in full by July 15

Student 1 Full Name: _____

DOB: _____ Grade for 2017-2018 School Year: 6th 7th 8th 9th

School for 2017-2018 Year: _____

Student 1 Email: _____

Student 2 Full Name: _____

DOB: _____ Grade for 2017-2018 School Year: 6th 7th 8th 9th

School for 2017-2018 Year: _____

Student 2 Email: _____

Parent Name(s): _____

Address: _____

City: _____ ZIP: _____ Phone: _____

Parent Email: _____

Parent Phone: (H) _____ (C) _____ (W) _____

Emergency Contact Name: _____ Phone: _____

Please Initial Your Acknowledgement of the Following:

____ Parent understands that a deposit of \$50 is required to hold a student's spot in the Executive Function Boot Camp. **Deposit is Non-Refundable.**

____ Balance must be paid in full by July 15, or your student may lose his/her spot to someone on the wait list. **No refunds will be made after July 20, 2017.**

____ Student must be signed in and signed out by a parent/guardian each day.

Signature of Parent _____ Date: _____

Please return this form with payment via email (info@peakgifted2e.com), fax (720) 356-0172, or mail: PEAK Exceptional Services, Attn: Terri Lucero, P.O. Box 53, Eastlake, CO 80614-0053

(Optional)

Integrative Health Solutions, PLLC d/b/a PEAK Exceptional Services Credit Card Billing Authorization Form

If you would like to enjoy the convenience of using a credit card for payment of the Executive Function Boot Camp, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement.

Customer Information:

Parent Name: _____ Phone: _____

Payment Information

I authorize Integrative Health Solutions, PLLC to bill the card listed below as specified (Check one)

____ Amount: \$250.00/per student - Payment in FULL for Boot Camp.

____ Amount: \$50/per student - for Deposit (Now), \$200/student Balance to be processed on or before 7/15/17
Specify Billing Date for Balance Due: ____/____/____

If you are registering siblings for the Boot Camp, please initial here _____ and indicate number of children: _____
Total amount due for two siblings will be \$475 (\$250 x 2 minus \$25 sibling discount)

Credit Card Information

Integrative Health Solutions, PLLC accepts most major credit cards.

Credit card type: _____ Credit card number: _____ Expires: _____/_____/_____

Cardholder's name: _____ Cardholder's Zip Code (required) _____
(as shown on credit card) (from credit card billing address)

Cardholder's Billing Address: _____
(Street Address) (City/State)

Security Code Number (CVV) On Card: _____ Cell Phone (Text) or Email Address for Receipts: _____

Authorized Cardholder Signature: _____ Date: _____