

Executive Function Middle School Boot Camp

Registration

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

Fee: \$375 – must be paid in full one week prior to camp

Location: To be Confirmed (Broomfield or nearby)

Parent Session: July 22nd, 5:30-7:00pm (*not required if parent attended Elizabeth's presentation to the Adams 12 GT Parent Group in February 2019). Session may be held via live webinar – details to follow.

_____ Initial Here if you will NOT attend Parent Session, due to previous attendance at Adams 12 presentation

Camp Dates (Choose One)

Tuesday, Wednesday, Thursday

_____ Session 1: July 23rd, 24th, & 25th, 2019, 9:30-11:30am each day

_____ Session 2: August 6th, 7th, & 8th, 2019 9:30-11:30am each day

Student 1 Full Name: _____

DOB: _____ Grade for 2019-2020 School Year: 6th 7th 8th 9th

Which School Attending for 2019-2020 Year? _____

Student 1 Full Name: _____

DOB: _____ Grade for 2019-2020 School Year: 6th 7th 8th 9th

Which School Attending for 2019-2020 Year? _____

Parent Name(s): _____

Address: _____

City: _____ ZIP: _____ Phone: _____

Parent Email(s): _____

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

Emergency Contact Name: _____ Phone: _____

Please Initial Your Acknowledgement of the Following:

_____ Parent understands that a deposit of \$100 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 one week prior to the start of the camp, or your student may lose his/her spot to someone on the wait list. No refunds will be made after this date (July 16th deadline for Session 1, July 31 deadline for Session 2)

_____ 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 (registration@peakgifted2e.com)
fax (720) 356-0172, or snail mail: PEAK Exceptional Services,
Attn: Terri Lucero, P.O. Box 53, Eastlake, CO 80614-0053

**Email is Preferred Method for Registration, Please Email us if you plan to send a registration in snail mail, so that we will hold your spot.*

***If Paying by Credit Card, Please Complete Credit Card Authorization*

****Additional Details and Instructions for Camp Participants will be sent via email to parents in early July****

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 Middle School 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. *Note that charge will be listed under **Integrative Health Solutions** on your receipt and statement. **No refunds will be made after July 16, 2019 for either Boot Camp. **\$100 deposit is non-refundable** and will be deducted from refund if payment was made in full.

Customer Information:

Parent Name: _____ Phone: _____

Child Name(s): _____

Payment Information

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

____ Amount: \$375.00/per student - Payment in FULL for Middle School Boot Camp.

____ Amount: \$100/per student - for Deposit (Now), \$275/student Balance to be processed on 7/16/19 or 7/31/19

____ Amount: \$275.00/per student – Balance due for Boot Camp.

____ Please initial here if you are registering siblings for the Boot Camp, and indicate number of children: _____

Total amount due for two siblings will be \$700 (\$375 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: _____