



## BRIGHT STEPS FORWARD

1750 N. University Drive, Suite 105  
Coral Springs, FL 33071

10261 Pines Blvd  
Pembroke Pines, FL 33026

2233 N. Commerce Pkwy - Building 6 - Suite 1  
Weston, FL 33326

218 Almeria Avenue  
Coral Gables, FL 33134

Phone: (954) 356 2878 • Fax: (954) 241 6726 • Email: [info@brightstepsforward.org](mailto:info@brightstepsforward.org) • Website: [www.brightstepsforward.org](http://www.brightstepsforward.org)

# SUMMER THERAPY PROGRAM 2016 • APPLICATION FOR ENROLLMENT

## Camper/Household Information

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth     /     /     Ethnicity \_\_\_\_\_ Gender  M  F

**Guardian/Parent #1**  Child's residence

**Guardian/Parent #2**  Child's residence

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Marital Status:  Married  Separated  Divorced  Widowed  Single (check one)

Is there a legal restriction preventing the non-custodial parent from visiting the school, having access to school reports/records, or removing your student from school?  Yes  No  N/A *If Yes, plan must be on file with the school for enforcement*

## Emergency Contacts/Authorized Pickup (please put in priority order)

**Contact #1**  Emergency  Pickup

**Contact #2**  Emergency  Pickup

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

**Contact #3**  Emergency  Pickup

**Contact #4**  Emergency  Pickup

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_



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### Medical Information

Medical Insurance

Subscriber

Policy/Group Number

**Doctor:**

\_\_\_\_\_  
Doctor's Name

**Dentist:**

\_\_\_\_\_  
Dentist's Name

( )

\_\_\_\_\_  
Doctor's Phone

\_\_\_\_\_  
Doctor's Address

( )

\_\_\_\_\_  
Dentist's Phone

\_\_\_\_\_  
Dentist's Address

**Diagnosis?** \_\_\_\_\_

### Enrollment Options

**Camp Location** *Bright Steps Forward operates in 4 different locations throughout South Florida. Please mark the most convenient for you:*

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**Hours & Pricing** *Please mark the schedule that suits best your needs:*

**Half-Day • \$145 / week**  
9AM - 1PM

**Full-Day • \$190 / week**  
9AM - 4PM

**Calendar** *Please mark which weeks the camper will attend Summer Camp:*

Week 1 • Jun 13-17

Week 2 • Jun 20-24

Week 3 • Jun 27-Jul 1

Week 4 • Jul 4-8

Week 5 • Jul 11-15

Week 6 • Jul 18-22

Week 7 • Jul 25-29

Week 8 • Aug 1-5

Week 9 • Aug 8-12

Week 10 • Aug 15-19

### Authorization/Permission

*Both parents signatures are required (when applicable)*

\_\_\_\_\_  
Guardian/Parent #1 signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian/Parent #2 signature

\_\_\_\_\_  
Date

All applications must be accompanied by the camper enrollment fee which is non-refundable unless the application is not accepted or space is not available. I understand that this Application for Enrollment will be reviewed by the administration and is not a guarantee of admission to Bright Steps Forward Summer Camp. I further understand that as a private school, Bright Steps Forward reserves the right to deny admission for any reason. Bright Steps Forward does not discriminate on the basis of race, color, nationality, ethnic origin, religion or gender.

Office use only

Received by:

Date received: / /

Finalized/complete: / /