

Knights Summer School

at Paladin Academy



14900 NW 20th St, Pembroke Pines FL 33028
(954) 431-4224

Welcome to Knights Summer School

What to Expect

Our summer school program is designed to meet a variety of student needs. We offer classes for students in grades 3rd through 12th who require general remediation or high school credit recover/advancement. This program is designed to focus on each student's specific needs; including students struggling with reading, writing, mathematics, organization and study skills. Teachers apply specific proven multi-sensory strategies designed to increase each individual's learning potential.

Special Features

- Since 1978, **Paladin Academy** has been proud to serve K-12 students with mild learning differences, such as attention deficits or dyslexia. Our mission is to engage and challenge each student by providing a small classroom setting, a multisensory educational program, individualized learning plans and dedicated teachers who create a nurturing and safe learning community.
- Online and on-site guidance for individualized remediation/course credit.
- Afternoon enrichment activities are also available through with our Summer Camp program that is designed to serve older children, who may not have other options over the summer months, to build social-emotional and friendship skills in an active, caring environment.

Hours

Monday-Friday 9 am to 3:30 pm
Extended Hours Available 7:30 am to 6 pm

Schedule (no school July 4)

Week 1	June 17 – 21
Week 2	June 24 – 28
Week 3	July 1 – 5
Week 4	July 8 – 12
Week 5	July 15 – 19
Week 6	July 22 – 26





2019 Tuition & Fee Schedule

Select Weeks (no school on July 4)

- Week 1** June 17 – 21
- Week 2** June 24 – 28
- Week 3** July 1 – 5
- Week 4** July 8 – 12
- Week 5** July 15 – 19
- Week 6** July 22 – 26

Tuition & Fees*

	Weekly Amount	# of Weeks	# of Campers	Total Cost
Tuition	\$275			
Enrichment Fee	\$50			
Total	\$325			

*Payment Policy: One week's tuition is due at time of enrollment. We will apply the deposit to the final week of summer school. Weekly fees are due every Monday morning at drop-off. We will charge a \$25 late fee if payment is not received by 12 pm Tuesday.

Name of Student

Name: _____ Age: _____

Grade Completed: _____ School: _____

Date of Birth: _____

School Subject(s): _____



CAMP REGISTRATION FORM



Camper Information

Camper's Name _____ Male Female
 Address _____ City _____ State _____ Zip _____
 Camper's Birth Date _____ Age on June 1st _____ Grade in the Fall _____
 Parent/Guardian 1 _____ Male Female Home# _____ Cell# _____
 Email Address _____ Employer _____ Business# _____
 Parent/Guardian 2 _____ Male Female Home# _____ Cell# _____
 Email Address _____ Employer _____ Business# _____
 Child in custody of (Please check one) Both parents Mother Father Other (Specify) _____
 Child lives with (Please check one) Both parents Mother Father Other (Specify) _____
 Does your child know how to swim? Yes No Do you give permission for your child to swim in camp programs? Yes No
 Do you give permission for your child to attend and participate in all activities on camp field trips? Yes No

Medical Information

Family Physician _____ Address _____ Phone# _____
 Dentist/Orthodontist _____ Address _____ Phone# _____
 Medical/Hospital Insurance Carrier (Note: Please submit a copy of insurance card) _____
Health History – (Mark all that apply & provide copies of all immunizations) Ear Infection Convulsions Asthma Bleeding/Clotting Disorder
 Allergies Pollen Poison Oak/Ivy/Sumac Penicillin Insect Stings (List Type) _____ Foods (List Type) _____ Other (List Type) _____
 Operations, serious injuries, diseases, or restrictions on physical activity: _____
 Current medication and purpose (all medication sent to camp must be given to camp director and labelled clearly with doctor's instructions)

 Behavioral conditions or problems of which camp staff should be aware _____

Child Release Authorization

In addition to Parent/Guardian names listed above, these person(s) have permission to pick up my child from camp. I understand that my child will not be allowed to leave with any person without authorization from Parent/Guardian, and that the person picking up my child will need to show identification.

Name: _____ Relationship _____ Address: _____ Phone#: _____
 Name: _____ Relationship _____ Address: _____ Phone#: _____

Parent Authorization/Medical Release: The information provided is correct to the best of my knowledge, and the person described has my permission to engage in all prescribed camp activities, except if noted by me. In the case of sickness or accident, I hereby give permission to the medical personnel selected by the camp representatives to order x-rays, routine tests, treatment, dental work, and necessary transportation for the recipient at my expense. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp representative to secure and administer treatment, including hospitalization, for my child as named above. This form may be photocopied for use away from the main program site. I authorize the NLCI staff to apply sunscreen to my child's exposed skin on an as needed basis—if child needs assistance. All photos that are taken of my child may be used for promotional purposes.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____