



Cayman Learning Centre Programs

1. Academic Morning Camp 8:30- 11:30am

\$325

Save \$75

Please check the session(s) you would like to attend.

July 5- 8th *

Aug. 1- 5th

July 11- 15th

Aug. 8- 12th

July 18- 22nd

Aug. 15-19th

July 25-29th

Aug. 22nd- 26th

A \$100 non-refundable deposit is due at the time of registration for each week of camp enrolled. The balance must be paid on the first day of each camp session. * This week is a shortened camp week for only \$260.

2. Afternoon 50 minute Tutorials (All ages)

\$40hr

Choose Month(s): July and/ or August

Choose days: a minimum of twice a week is highly recommended:

Monday Tuesday Wednesday Thursday Friday

Choose Times: 1pm, 2pm, 3pm

In this 3:1 student teacher session, we will customize a program to help your child catch-up or advance their skills in literacy or numeracy. An evaluation to properly program build is recommended (fee not included).

3. Boost memory and Attention (all ages)

\$650 five weeks

Does your child struggle to focus or seems to forget easily? If so, improve attention and memory with this five-week program.

Starting Date: _____

Student must be able to commit for one hour a day for five weeks. The program fee includes post assessment. Add \$75 for pre- assessment.

4. Intensive Read and Spell program

Savings up to \$960!

Monday- Friday (three hrs. every day/ call about our different options)

This is a seven-week program to help your struggling reader. We will need to start with an evaluation to confirm if this program is right for your child (fee not included). If your child struggles to read, this is the program for you - We can help!



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Summer Registration

Check desired program:

- _____ Academic Morning Reading and Spell Camp (8:30- 11:30am)
- _____ Academic Morning Math Camp (8:30- 11:30am)
- _____ Afternoon 50 min. session (1, 2, or 3pm)- **Circle:** Math, Read and Spell, or Writing Program
- _____ Boost memory and attention (1 hr. daily for five weeks)
- _____ Intensive Read and Spell (please contact centre to discuss further)

Students Name: _____

Date of Birth: ____/____/____ Age: _____ Gender: Male Female
day month year

Parent/Guardian - name and contact numbers: _____

Phone: (c) _____ (w) _____ (h) _____

Email Address: _____

Street Address: _____ District _____ PO Box _____

Emergency Contact - Name (*other than parent/guardian*)

Emergency Contact Phone: _____

Is the student allergic to any medications or foods?

List any physical condition (i.e. asthma, diabetes, etc.)

Participant/Guardian Signature: _____

Date: _____

OFFICE USE ONLY

Staff: _____ Program name: _____ Deposit fee: _____ Inv.: _____ Schedule: _____ Scan: _____ Tray: _____ File: _____

Date completed: ____/____/____