

Exceptional Vision Therapy and Learning Center (EVTLC) + Kidnetics presents a **V.I.P.**(Visually Integrating Potential) Summer Program.

We have effective tools + strategies for your child to be the best student they can be...



Do you want to help your child have a competitive edge in their new school year?
Do you want your child to transition with more confidence & have "tools" to use?

Does your child struggle with following directions?

Does your child have difficulty with their reading skills?

Does your child have a hard time focusing?

Does your child complain their eyes are tired when they read?

Does your child have difficulty with handwriting and cutting skills?

Does your child skip or repeat lines while reading?

Does your child have anxiety with transitioning and new experiences?

Do you and your child argue over homework? Does it take hours for your child to complete?

REGISTER NOW FOR THIS 2-WEEK PROGRAM

THAT WILL IMPROVE YOUR CHILD'S VISUAL SKILLS + FOCUS + ORGANIZATION +
EMOTIONAL REGULATION

SPACE IS LIMITED.

DON'T WAIT TO INVEST IN HAVING YOUR CHILD SCHOOL READY



Exceptional Vision
Therapy & Learning Center

786|242|7755

www.exceptionalvision.com

When: July 24th-August 4th

9:00am to 1:00pm

Where: EVTLC

9000 SW 152 ST Suite 204

Palmetto Bay, FL 33157



INVESTMENT: \$420
PER WEEK OR \$770
FOR THE 2 WEEKS
(\$1,500 VALUE)

Your child is NOT going to want to miss out register before
June 15,2017 or before we run out of a spot.
Be part of VIP

Parents Name: _____

Child's: _____ AGE: _____

DOB: ___/___/___ Male: ___ Female: ___

Address: _____ City: _____ St: _____ Zip: _____

Cell phone: _____ Home phone: _____

Alternate numbers: _____ Email: _____

Does your child have allergies/seizures/Or any other issues? Yes___ NO___

In case of emergency: Contact Name: _____ Number _____

Camp Session(s):

July 24th-July 28th from 9:00am-1:00pm _____ **1 week=\$420** _____

July 31st -August 4th from 9:00am-1:00pm _____ **2 weeks= \$770** _____

Release: In consideration to participate in any way in the EVTLC/Kidnetics summer camp, the undersigned: Campers Name: _____ In the event of injury to or illness of our son/daughter/ward, _____, born on this date: _____. I (we) hereby authorize EVTLC/Kidnetics, or representative thereof, to admit the above-named individual to a facility for emergency medical treatment as may be deemed necessary to his or her health welfare. It is the responsibility of the parent/guardian to inform the camp in writing of any changes. The undersigned hereby consents to whatever medical treatment is deemed necessary. The undersigned on his or her behalf of the individual named above, their heirs, assigns and personal representatives, hereby release EVTLC/Kidnetics, its employees and officers from any and all claims arising out of the admission to or treatment administered by such facility. Assumption of Risk and Release: The undersigned hereby acknowledges and agrees that participation in the camp and related activities carries with it a possible risk or physical injury. In consideration of the registrant's participation in the camp, the undersigned, on behalf of the registrant, hereby assumes all such risks of physical injury and does hereby release and forever discharge EVTLC/Kidnetics, its employees and officers from any and all liability, claim, or loss arising from bodily injuries or damage to personal property resulting from the registrant's involvement and/or participation in the camp. Photographic Release: I hereby authorize EVTLC/Kidnetics and the members of its staff to take such photographs, for websites, television recordings and/or live television transmission of the registrant in whole, or in part, as they or members of the staff may wish, and to use and publish the same in places and publications as the EVTLC/Kidnetics or its staff in its sole discretion consider to be of benefit to said corporation. The undersigned hereby acknowledges that he/she is the legal guardian of the camp registrant and has read and agrees with the Consent to Medical treatment, Assumption of risk and release and photographic release stated above; I
I give permission for my child to be photographed/videotaped for the purposes of documentation, brochures and/or webpages.

Parents Signature

Date

Make checks payable to **EVTLC**

Full Payment due at registration to reserve your child's spot

No refunds or make ups for missed sessions