



Literacy Connection, Inc.
Operation R.E.A.D. Summer Camp
Read. Explore. Achieve. Discover.

Dear Parents and Guardians,

Thank you for choosing the **2026 Operation R.E.A.D. Summer Camp** for your child. We are excited to partner with your family for another summer of learning, growth, and discovery.

The goal of Operation R.E.A.D. Summer Camp is to provide engaging academic and enrichment experiences that help prevent summer learning loss while expanding students' creativity, confidence, and curiosity. Our program blends literacy instruction, hands-on STREAM activities, and weekly field trips to ensure that students remain actively engaged throughout the summer.

Please review the important camp details below:


- **Camp Dates:** June 8, 2026 – July 31, 2026
- **Camp Location:** 715 SW 7th Terrace, Dania Beach, FL 33004
- **Regular Camp Hours:** Monday – Friday, 8:30 AM – 5:00 PM
- **Before Care:** 8:00 – 8:30 AM, **Aftercare:** 5:00 - 6:00 PM
Before & Aftercare fee is \$50 per child for the entire summer.
- **Late Pickup Policy:** A late pickup fee of \$1 per minute.
- **Total Summer Camp Fee: \$500**
- **Payment Deadline: May 29, 2026**
*Enrollment is on a **first come, first served basis** and space is limited.*
 - **Accepted Forms of Payment:** Cash | Check | Zelle | PayPal
 - Please make all checks payable to: **Literacy Connection, Inc.**


We are honored to support your child's learning journey and look forward to a summer filled with reading, exploration, achievement, and discovery.

If you have any questions, please do not hesitate to contact us.

Sincerely,

The Literacy Connection Team

 754-779-2495

 info@literacyconnect.org

 www.literacyconnect.org



Literacy Connection, Inc.

2026 Operation R.E.A.D. Summer Camp Registration

CAMPER AND PRIMARY CONTACT INFORMATION

Name of Student: _____ Date of Birth: _____

Age: _____ Grade: _____ T-Shirt Size: _____

Name of School: _____

Name of Parent/Guardian: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____

Email Address: _____

Best way to contact you? (circle one) Phone Email

EMERGENCY CONTACT

Please provide two additional contacts, different from the parent/guardian listed above in case of an emergency.

First Contact's Name: _____

Relationship: _____ Phone: _____

Second Contact's Name: _____

Relationship: _____ Phone: _____



SAFETY INFORMATION

1. Does your child have any medical conditions, allergies, or special needs the staff should know about? _____

2. Does your child have any behavioral or emotional challenges the staff should know about?

3. Is your child taking any medications to treat these conditions?

TRANSPORTATION RELEASE

Please list two additional contacts who are permitted to pick up your child.

Name: _____ Relationship: _____

Telephone Number: _____

Name: _____ Relationship: _____

Telephone Number: _____

Parent/ Guardian Signature: _____ Date: _____



EMERGENCY AUTHORIZATION

In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by a Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

I understand that Literacy Connection, Inc. OPERATION R.E.A.D. Summer Camp will **not** be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

I/We hereby authorize _____ to give consent for all medical and/or surgical treatment that may be required for our child during our absence.

Child's Full Name: _____ Date of Birth: _____

Child's Physician: _____

Child's Allergies:

Important Medical history:

Primary Medical Insurance Carrier: _____

Member's Name: _____ ID #: _____

Group #: _____ Hospital preference: _____

If unable to contact me, please call:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Parent/Guardian Printed Name: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____



PHOTO RELEASE

I hereby give permission for my child to be photographed during the 2026 OPERATION R.E.A.D. Summer Camp. I understand the photos will be used to keep a journal of activities, to share during PowerPoint presentations and/or reports to our donors and for promotional purposes including flyers, brochures, and on social media. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed. I do not expect compensation and I am aware that all photos are the property of Literacy Connection, Inc. Operation R.E.A.D. Summer Camp.

Parent/ Guardian Signature: _____ Date: _____

LIABILITY WAIVER

I understand that participation in Operation R.E.A.D. Summer Camp involves physical activity, field trips, and group programming that may involve risk of injury. I agree to release and hold harmless Literacy Connection, Inc., its staff, volunteers, and partners from any liability for injuries, damages, or losses that may occur during participation in camp activities, except in cases of gross negligence.

Parent/Guardian Signature: _____ Date: _____

BEHAVIOR AND DISMISSAL POLICY

Operation R.E.A.D. Summer Camp maintains a safe and respectful environment. Repeated or severe behavioral issues may result in parent conferences and possible dismissal from the program if safety or learning is compromised.

Parent/Guardian Signature: _____ Date: _____

REFUND POLICY

Camp fees are non-refundable after the first week of camp unless due to documented medical or family emergencies.

Parent/Guardian Signature: _____ Date: _____