



**PROGRESS
PATHWAYS™**
— EDUCATIONAL CONSULTING —

EXECUTIVE FUNCTION SUMMER CAMP

REGISTRATION FORM

**BUILDING SKILLS.
BUILDING CONFIDENCE.
BUILDING PATHWAYS
TO SUCCESS.**



PROGRESS PATHWAYS STUDIO



9:00 AM – 12:00 PM
(Half-Day Camp)



\$425 PER WEEK
\$100 Deposit



STUDENT INFORMATION

Student Name: _____

Preferred Name: _____

Date of Birth: _____

Grade (Fall 2026): _____



PARENT / GUARDIAN INFORMATION

PARENT / GUARDIAN 1

PARENT / GUARDIAN 2

PARENT / GUARDIAN 3
(OPTIONAL)

Name: _____

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Email: _____



ADDRESS

Street Address: _____

City: _____ State: _____ Zip Code: _____

CAMP DETAILS



WEEK 1: June 15 – 19, 2026

WEEK 2: July 20 – 24, 2026

PREFERENCE: Week 1 _____ Week 2 _____



TIME:

9:00 AM – 12:00 PM (Half-Day Camp)



LOCATION:

Progress Pathways Studio

678-595-0115

Karen.Kenney@gmail.com

PAYMENT INFORMATION

\$425 PER WEEK | \$100 DEPOSIT

Payment Method:

Check

Venmo @ProgressPathways



2619 Varner Dr NE
Atlanta, GA 30345



678-595-0115



karen.kenney@gmail.com



progresspathways.org

PAGE 2

CAMP DETAILS



WEEK 1

June 15 – 19, 2026



WEEK 2

July 20 – 24, 2026

PREFERENCE:

Week 1 _____

Week 2 _____



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Atlanta, GA 30345

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DIAGNOSIS / LEARNING PROFILE

(Check all that apply)

- ADHD, Inattentive Type
- ADHD, Hyperactive/Impulsive Type
- ADHD, Combined Type
- Dyslexia
- Dyscalculia
- Dysgraphia
- Processing Speed Weakness
- Reading Disorder
- Receptive Language Disorder
- Expressive Language Disorder
- ODD (Oppositional Defiant Disorder)
- Autism Spectrum Disorder
- Anxiety
- Executive Function Challenges
- Other: _____

CURRENT SUPPORTS

(Therapies, tutoring, accommodations, etc.)

PAGE 3



STUDENT INSIGHT

Biggest struggles at school:

Biggest struggles at home:



GOAL FOR CAMP

What is ONE thing you want your child to accomplish this week?



HEALTH INFORMATION

Allergies: _____

Health Concerns: _____

Medications / Medical Notes: _____



IMPORTANT: Please attach your child's psychoeducational evaluation (if available). This is extremely helpful in planning support.

SIGNATURE

Parent / Guardian Signature: _____

Date: _____



Small group. Highly individualized support.

Helping students build executive function skills for a successful future. ♥