



# A.C.T. VACATION CAMP REGISTRATION FORM

June 2019

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Parent's name: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home phone: \_\_\_\_\_ Day time phone: \_\_\_\_\_

Family Email: Please print \_\_\_\_\_ School: \_\_\_\_\_

- Please indicate choice of program days you wish your child to attend on this form.
- **Camp-wide trips** require payment of trip fee as noted with registration form.
- Some trips require advance ticket purchase. Once admission ticket is purchased the trip fee is not refundable. In other cases, the trip fee will be refunded if trip is cancelled, if space is unavailable, if there is insufficient participation or if child does not go on the trip.
- Campers may bring additional spending money on trip days.

## VACATION CAMP REGISTRATION STIPULATIONS:

- We reserve the right to cancel trips or programs for any reason.
- Refunds, credits, or exchanges of program fees **are not granted under any circumstances**. Trip fees that do not involve advance purchase of admission tickets are refundable for children who do not go on trip as stated above.
- Please send a bag lunch with your child every day. **NO SODA OR GLASS BOTTLES**.
- Children should dress comfortably for gym and outdoor activity. **WEAR SNEAKERS EVERY DAY**.
- Children going on a trip during a rainy or snowy day are advised to wear a raincoat/snowcoat and boots and not bring an umbrella.
- A penalty of \$10.00 per 15 minute interval for children picked up late after 4:05pm or 6:15pm.
- Credit card processing of 3% per transaction even if card is declined or reversed.

My (child's name) \_\_\_\_\_ has permission to go on any trip arranged by ACT Program.

GUARDIAN/PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

If I can not be reached and my child requires emergency treatment because of illness or accident, I hereby authorize you (A.C.T. program staff) to call a physician or take my child for emergency treatment to a hospital.

GUARDIAN/PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**This form is to be used to reserve a nonrefundable spot listed in Vacation camp schedule.**

**Please include total tuition (fee for each day selected) and a \$35.00 Mission This that is paid yearly covering the periods between July 1, 2018 – June 30th 2019**

## ACT PHOTO AND IMAGE RELEASE FORM

In consideration of the furtherance of the purpose, objectives, and work of ACT programs: (I) (we) the undersigned, hereby  grant permission  do not grant permission

June 4, Tuesday

- \$56.00 Program day 9:30- 4:00pm
- \$67.00 Extended day 8:00-6:00pm

June 6, Thursday

- \$56.00 Program day 9:30- 4:00pm
- \$67.00 Extended day 8:00-6:00pm

June 11, Tuesday

- \$56.00 Program day 9:30- 4:00pm
- \$67.00 Extended day 8:00-6:00pm