

**2015 ACA Youth Summer Camp – CANTON/PLYMOUTH**

**Registration Form**

**Location:**

Risen Christ Lutheran Church  
46250 Ann Arbor Rd W, Plymouth, MI 48170

**Schedule:**

9:00AM-3:00PM, Monday-Friday, 7/13-7/31 (Before and after program extended care available)

Camper's Name

(English) \_\_\_\_\_

(Chinese) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: F M

Grade (entering in fall) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Telephone Number (Home) \_\_\_\_\_

Returning Camper YES NO If yes, year(s) attended: \_\_\_\_\_

Food Allergy \_\_\_\_\_

Special Health Needs \_\_\_\_\_

Father's name

(English) \_\_\_\_\_ (Chinese) \_\_\_\_\_

Telephone Number (O) \_\_\_\_\_ (Cell) \_\_\_\_\_

Mother's name

(English) \_\_\_\_\_ (Chinese) \_\_\_\_\_

Telephone Number (O) \_\_\_\_\_ (Cell) \_\_\_\_\_

Primary e-mail address: \_\_\_\_\_

Emergency Contact (Other than parents)

(English) \_\_\_\_\_ (Chinese) \_\_\_\_\_

Telephone \_\_\_\_\_

If your child is **not** attending for the full 3 weeks, please list what dates he/she will be attending:

\_\_\_\_\_  
\_\_\_\_\_

### Fee Information

1. Registration received by or on Tues., 6/30/2015: \$135/\$130 (2nd child) per week, or \$38/\$35 (2nd child) per day. Discount for full 3-week attendance: \$395/\$380 (2<sup>nd</sup> child). Camp fee includes a daily lunch.
2. **New!!** Registration received on or after Wed., 7/1/2015 will be \$140/\$135 (2nd child) per week, or \$40/\$37 per day, or \$420/\$405 for full 3-week.
3. \$20 non-refundable registration fee per child. The registration fee includes a T-shirt.
4. Field trip fees are not included in the camp fee. Field trip fees will be collected at the orientation.
5. Camp fees are refundable before 3:00PM Friday, June 12, 2015, and are due at the time of registration. After June 12th there will be no refunds, but camp credit will be offered if we receive 2-week notice. Campers will not be credited for absences during the camp.
6. All fees need to be paid by check. **No cash will be accepted. Please make all checks payable to:**  
**Association of Chinese Americans, Inc.**
7. "Extended Pass": Extended care provides extra hours for those children who need to be dropped off between 8:00AM to 9:00AM or picked up between 3:30PM and 6:00PM. The charge is \$2 per AM session and \$4 per PM session. An optional discount is available for campers who attend Extended Care frequently. "Extend Pass" is offered to all campers at \$45 (half price!!) to use all AM/PM sessions throughout the camp. All before and after care fees are due at registration.
8. A receipt will be issued within one month after the end of camp.
9. To secure your child's space, please submit the entire application and the payment at registration. ACA reserves the right to make changes to camp activities and schedules. **Confirmation will be sent out two weeks prior to the camp.** You may also call 248-585-9343 to check the registration status.

I have read the information about the camp fees and agree to abide by the terms mentioned in it.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Payment Worksheet (One form per child please)

Please fill out this form and mail it along with payment\* to:

Association of Chinese Americans
Chinese Community Center
32585 Concord Drive
Madison Heights, MI 48071
(248) 585-9343

Camper's name: \_\_\_\_\_

Camp fee includes a daily lunch.

Registration fee: \$20.....= \$ \_\_\_\_\_

Registering on or by 6/30/2015

Camp fee (full 3-week session): \$395/\$380 .....= \$ \_\_\_\_\_

Camp fee (full week): \$135/\$130 x \_\_\_\_\_ weeks .....= \$ \_\_\_\_\_

Daily Camp fee (per day): \$38/\$35/day x \_\_\_\_\_ days .....= \$ \_\_\_\_\_
(List the specific dates on page 1)

Registering on or after 7/1/2015

Camp fee (full 3-week session): \$420/\$405 .....= \$ \_\_\_\_\_

Camp fee (full week): \$140/\$135 x \_\_\_\_\_ weeks .....= \$ \_\_\_\_\_

Daily Camp fee (per day): \$40/\$37/day x \_\_\_\_\_ days .....= \$ \_\_\_\_\_
(List the specific dates on page 1)

Extended care

"Extended Pass": \$45 (good for all sessions in all 3 weeks) .....= \$ \_\_\_\_\_

Daily extended care AM (if needed) \$2/day x \_\_\_\_\_ days .....= \$ \_\_\_\_\_

(List all the dates: \_\_\_\_\_)

Daily extended care PM (if needed) \$4/day x \_\_\_\_\_ days .....= \$ \_\_\_\_\_

(List all the dates: \_\_\_\_\_)

Total Fees = \$ \_\_\_\_\_

This total amount does not include field trip fees.

Select camp shirt size (kid sizes): XL L M S

\* Please make check payable to: Association of Chinese Americans, Inc.

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Office Use Only

Date received: \_\_\_\_\_

Check #: \_\_\_\_\_

Received by: \_\_\_\_\_