

2016 ACA Youth Summer Camp – CANTON/PLYMOUTH

**Registration Form
(One form per child please)**

Location:

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

Schedule:

9:00AM-3:00PM, Monday-Friday, 7/11-7/29 (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 Thurs., 6/30/2016: \$145/\$140 (2nd child) per week, or \$40/\$37 (2nd child) per day. Discount for full 3-week attendance: \$420/\$405 (2nd child). Camp fee includes a daily lunch.
2. **New!!** Registration received on or after Fri., 7/1/2016 will be \$150/\$145 (2nd child) per week, or \$42/\$39 (2nd child) per day, or \$445/\$430 (2nd child) for full 3-week.
3. \$25 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 17, 2016, and are due at the time of registration. After June 17th 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 daily charge is \$2 per AM session and \$4 per PM session. The fee for a full week of AM and PM extended care is \$20. An optional discount is available for campers who attend Extended Care frequently. "Extend Pass" is offered to all campers at \$60 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
4750 Woodward Ave., Ste. 211
Detroit, MI 48201
(313) 831-1790

Camper's name: _____

Camp fee includes a daily lunch.

Registration fee: \$25..... = \$ 25.00

Registering on or by 6/30/2016

Camp fee (full 3-week session): \$420/\$405 (2nd child)..... = \$ _____

Camp fee (full week): \$145/\$140 (2nd child) x _____ weeks = \$ _____

Daily Camp fee (per day): \$40/\$37 (2nd child)/day x _____ days = \$ _____
(List the specific dates on page 1)

Registering on or after 7/1/2016

Camp fee (full 3-week session): \$445/\$430 (2nd child)..... = \$ _____

Camp fee (full week): \$150/\$145 (2nd child) x _____ weeks = \$ _____

Daily Camp fee (per day): \$42/\$39 (2nd child)/day x _____ days..... = \$ _____
(List the specific dates on page 1)

Extended care

"Extended Pass": \$60 (good for all sessions in all 3 weeks) = \$ _____

Full-week extended care (if needed) \$20 per week = \$ _____

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.

Office Use Only

Date received: _____

Check #: _____

Received by: _____