

2017 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-3:30PM, Monday-Friday, 7/17-8/04 (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. Registrations received by or on Fri., 6/30/2017: \$165 (\$160 for 2nd child) per week, or \$45 (\$42 for 2nd child) per day. Discount for full 3-week attendance: \$480 (\$465 for 2nd child). Camp fee includes a daily lunch.
2. **Registrations received on or after Sat., 7/1/2017** will be \$170 (\$165 for 2nd child) per week, or \$48 (\$45 for 2nd child) per day, or \$500 (\$485 for 2nd child) for full 3-week.
3. There is a \$30 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 16, 2017, and are due at the time of registration. After June 16th 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 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. An "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
32585 Concord Drive
Madison Heights, MI 48071
(248) 585-9343

Camper's name: _____

Camp fee includes a daily lunch.

Registration fee: \$30 per camper = \$ 30.00

Registering on or by Fri., 6/30/2017

Camp fee (full 3-week session): \$480 (\$465 for 2nd child)..... = \$ _____

Camp fee (full week): \$165 (\$160 for 2nd child) x _____ weeks..... = \$ _____

Daily Camp fee (per day): \$45 (\$42 for 2nd child) x _____ days = \$ _____
(List the specific dates on page 1)

Registering on or after Sat., 7/1/2017

Camp fee (full 3-week session): \$500 (\$485 for 2nd child)..... = \$ _____

Camp fee (full week): \$170 (\$165 for 2nd child) x _____ weeks..... = \$ _____

Daily Camp fee (per day): \$48 (\$45 for 2nd child) 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 x _____ 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 = \$ _____

Remember to include the Registration Fee in the total amount being paid.
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 #: _____ Amount Paid \$ _____

Received by: _____