## 2018 ACA Youth Summer Camp – Madison Heights/CCC

## Registration Form (One form per child please)

### Location:

Chinese Community Center 32585 Concord Dr., Madison Heights, MI 48071

#### Schedule:

9:00AM-3:30PM, Monday-Friday, 7/16-7/27 (Before and after program extended care available)

Camper's Name			
(English)			
(Chinese)			
Date of Birth:/ Geno	der: F M		
Grade (entering in fall)			
AddressStreet	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 <b>not</b> attending for the full 2 we	eks, please list what dates he/she	will be attending:	

## Fee Information

- Registration received by or on Sat., 6/30/2018: \$165/\$160 (2<sup>nd</sup> child) per week, or \$45/\$42 (2<sup>nd</sup> child) per day. Discount for full 2-week attendance: \$320/\$310 (2<sup>nd</sup> child). Camp fee includes a daily lunch.
- 2. Registration received on or after Sun., 7/1/2018 will be \$170/\$165 (2nd child) per week, or \$330/\$320 (2<sup>nd</sup> child) for full 2-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 15, 2018, 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 or through quickpay. No cash will be accepted.
  - a. Please make all checks payable to: Association of Chinese Americans, Inc.
  - b. If using quickpay:

Access you online bank account Choose option of sending money by e-mail address: <u>quickpay@acaccc.org</u> If applicable, recipient type is "business" and recipient name is "Association of Chinese Americans, Inc."

In memo, please input "Camper's name Madison Heights summer camp"

- "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. 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:	
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Date: \_\_\_\_\_

# 2016 ACA Youth Summer Camp – Madison Heights/CCC **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 Dr. Madison Heights, MI 48071							
Camper's name:							
Camp fee includes a daily lunch.							
Registration fee: \$25						= \$	30.00
Registering on or by 6/30/2018							
Camp fee (full 2-week session): \$320/\$310 (2 <sup>nd</sup> ch	ild)					= \$	
Camp fee (full week): \$165/\$160 (2 <sup>nd</sup> child) x weeks						= \$	
Daily Camp fee (per day): \$45/\$42 (2 <sup>nd</sup> child)/day > <i>(List the specific dates on page 1)</i>	K	_ days				= \$	
Registering on or after 7/1/2018							
Camp fee (full 3-week session): \$330/\$320 (2 <sup>nd</sup> ch	ild)					= \$	
Camp fee (full week): \$170/\$165 (2 <sup>nd</sup> child) x	wee	eks				= \$	
Daily Camp fee (per day): \$45/\$42 (2 <sup>nd</sup> child)/day > <i>(List the specific dates on page 1)</i>	K	_ days				= \$	
Extended care							
"Extended Pass": \$40 (good for all sessions in al	l 2 wee	eks)				= \$	
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 (List all the dates:						= \$	
				То	tal Fees	= \$	
	Thi	s total	amou	int does	s not incl	ude fie	ld trip fees.
Select camp shirt size (kid sizes):	XL	L		Μ	S		
* Please make check payable to: Association of Chir					·***	****	
		fice Us					
	Date received:						
	Ch	eck #:			-		
	Re	ceived	l by: _			_	