



ALLIANCE CHRISTIAN SUMMER CAMP

2011 REGISTRATION FORM

July 5th, 2011 ~ August 26th, 2011

QUEENS CHRISTIAN ALLIANCE CHURCH ☒ 135-20 35th Avenue Flushing, New York 11354 ☎ (718) 353-2745

Participant's Name: _____ Grade in Sept. '11: _____

Birth date: ____ / ____ / ____ Age: ____ T-shirt Size: XS S M L XL

Home Address: _____
Address City State Zip

Home Phone ☎: () _____ - _____ Email: _____

Mother's Name: _____ Father's Name: _____

Mother's Work ☎: () _____ - _____ Father's Work ☎: () _____ - _____

Mother's Cell ☎: () _____ - _____ Father's Cell ☎: () _____ - _____

Emergency Contact Person: _____

Emergency Contact's ☎: () _____ - _____

Medical Conditions and Allergies: (Health forms are still required)

Allergies, medications, etc.

Custody restraints

Person(s) who may NOT pick up child
Name: _____ Relationship to child: _____
Name: _____ Relationship to child: _____

PARENTAL CONSENTS

- A Note **from** parent/legal guardian that gives child permission to walk home alone after dismissal from Alliance Christian Summer Camp. Yes, attached No
- B I give my child permission to purchase goods at the "QCAC store". Yes No
- C QCAC, Alliance Christian Summer Camp is proud of all its students. In order to acknowledge their achievement, from time to time we use group pictures or publicize individual accomplishments, test scores, and awards in local newspapers and media, QCAC circulars, advertisements and promotional releases. Yes No

I hereby give permission to QCAC, Alliance Christian Summer Camp to use photographs taken of my child at QCAC, or QCAC activities for such publicity purposes.

Parent/Guardian Signature X _____ Date ____/____/____

Please the boxes to indicate your choice.

Regular Sessions

[Camp Sessions are from 9AM-4PM]

Additional Programs

[Programs not included in the Regular Sessions]

Discounts*

[*Tuition only; moreover, must register for 8 weeks and paid in full; cannot be duplicated and applies only towards tuition]

<input type="checkbox"/> Week 1: 7/5-7/8	<input type="checkbox"/> AM Extended Hours 7:30am-9am; 8 weeks \$160	<input type="checkbox"/> *1 st 50 participants -\$150
<input type="checkbox"/> Week 2: 7/11-7/15	<input type="checkbox"/> PM Extended Hours 4pm-6pm; 8 weeks \$180	<input type="checkbox"/> *Register by 4/29 -\$120
<input type="checkbox"/> Week 3: 7/18-7/22	<input type="checkbox"/> Weekly Extended Needs to Specify the week(s) \$ 50/wk	<input type="checkbox"/> *Register by 5/13 -\$100
<input type="checkbox"/> Week 4: 7/25-7/29	<input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> *Register by 6/10 -\$ 30
<input type="checkbox"/> Week 5: 8/1-8/5	<input type="checkbox"/> Weekly Trip Fees \$120	<input type="checkbox"/> Family Rate - 20%
<input type="checkbox"/> Week 6: 8/8-8/12	<input type="checkbox"/> Registration Fee \$ 35 Non-refundable	(Additional children of immediate family only)
<input type="checkbox"/> Week 7: 8/15-8/19		<input type="checkbox"/> Returning Students -\$ 20
<input type="checkbox"/> Week 8: 8/22-8/26		<input type="checkbox"/> Others: _____ -\$
<input type="checkbox"/> Week 9 & 10: *TBD (based on # of registrants)		

Tuition \$100 X _____ weeks	Additional +	Discount -
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Schedule Payment Plan

#	Due Date	Amount	Pd.Ck#/cash
1		\$	
2		\$	
3		\$	
4		\$	
5		\$	
6		\$	
7		\$	
8		\$	

Make all payments in cash or check payable to **Queens Christian Alliance Church** Any returned checks will incur a service fee of \$15/check.

Staff: _____
Date: _____

Total Due: \$ _____
Amount Paid: \$ _____
Balance: \$ _____
Cash/Check # _____
Receipt # _____

Notes: