



ALLIANCE CHRISTIAN SUMMER CAMP (ages 4-13)

2018 REGISTRATION FORM

July 2 ~ August 10, 2018 *closed on July 4th

✉ 135-20 35th Ave., Flushing, New York 11354 ☎ (908)291-8440 or (718) 353-2745 summercamp@qcac.org

Participant's Name: _____ Grade in 9/2014: _____ Gender: M F

Birth date: ____/____/____ Age: _____ T-shirt Size: (choose a size) XXS XS S M L XL

Home Address: _____

Address	City	State	Zip
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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 by the 1st day of the camp)*

Allergies, medications, etc.

Dismissal Notes

Person(s) who MAY pick up child

Name: _____ Relationship to child: _____

Name: _____ Relationship to 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, note 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 ____/____/____

SUMMER CAMP 2018 TUITION Please the boxes to indicate your choice.

Tuition: Regular 6 Weeks Program

[Monday-Friday, 9AM-4PM; not including trips cost]

\$

Early Registration Discounts* (before June 15th)

[*Applicable to paid in full registrants only]

-\$

\$

Extended Hours (\$5 per extended hour) 8AM-6PM

1 Extended Hour (AM)

2 Extended Hours (PM)

\$

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

Total Due: \$

Paid total due via **Check #** _____ **Cash** || Date ___/___/2018

Please initial after each section.

- | | Initial |
|--|---------|
| 1. Parents are required to pay for entire tuition before the start of camp. If arrangements are made in installments, parents will be required to sign the Summer Camp Tuition Payment Contract for the full registration period. All installment payments are due on or before the 1 st week of August. Payment is to QCAC by check or cash only. | |
| 2. <u>Refunds:</u> After one day of camp, QCAC Alliance Christian Summer Camp will refund 75% of the tuition. After the 2 nd day, 50% will be refunded, after the 3 rd day 25% will be refunded and after the 4 th day 0% will be refunded. | |
| 3. <u>Late Charges:</u> QCAC, Alliance Christian Summer Camp classes are dismissed at 4:00pm, Monday through Friday for regular dismissal; 6:00pm for PM extended hours. For the convenience of our parents we are giving parents a grace period of 15 minutes for unforeseen traffic, delays, etc. There will be a charge of \$5 per quarter of an hour after dismissal time. | |
| 4. <u>Student Absence:</u> There is no refund for student absence. If your child cannot attend more than five days in a row due to a serious medical condition, provide QCAC, Alliance Christian Summer Camp with medical records and QCAC, Alliance Christian Summer Camp will credit your account for missed classes. | |

Parent's Signature _____

Today's Date: _____

Registered By: _____

Received \$: _____

SUMMER CAMP TUITION PAYMENT CONTRACT

1. Registration of students is for the full 6 weeks of Summer Camp.
2. QCAC, Alliance Christian Summer Camp has allowed me, _____
(name of parent/guardian)
to pay for _____ in installments.
(name of registered child)
3. However, I understand and agree that I am obligated to pay the entire Summer Camp's full tuition amount of: \$_____.
4. In the event that my child withdraws or discontinues, I understand that I am still obligated to pay the entire amount of the tuition as shown above by **August 1st, 2018.**
5. Should difficulty in making this payment arise, I will make an appointment with Alliance Christian After School Director to discuss the financial difficulties at least 1 month in advance of payment due date(s). If I do not attempt to discuss my financial burden and do not pay my obligation, QCAC, Alliance Christian Summer Camp will collect this debt through a collection agency or attorney. Fees of such collection will be at my expense.

Parent or guardian's name (Please Print)

X _____
Parent or guardian's signature

Date

X _____
Accepted: QCAC, Alliance Christian Summer Camp

Date

Schedule Payment Plan

#	Due Date	Amount	Paid/Date	Date Paid
1	Before Camp starts	\$	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash	___/___/2018
2	By 1 st week of Camp	\$	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash	___/___/2018
3	By 2 nd week of Camp	\$	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash	___/___/2018
4	Final Payment By 1 st week of August	\$	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash	___/___/2018