

All Saints' Academy's Winter Camp Application 2009

Mail To: All Saints' Academy
c/o Heather Brown
5001 State Road 540 West
Winter Haven, FL 33880

Contact Info: Phone: Heather Brown 863-293-5980 ext. 2221

Website: www.allsaintsacademy.com

Email: jtyler@allsaintsacademy.com

How to calculate the All Saints' Academy's Winter Camp payment

Two Day Option

Camper #1	Both days	= \$65
Camper #2 (Sibling Discount)	Both days add \$60	= _____
Camper #3 (Sibling Discount)	Both days add \$60	= _____
AM Extended Hours (7:30 – 9:00)	Number of campers _____ x \$5 =	_____
PM Extended Hours (3:00 – 5:30)	Number of campers _____ x \$10 =	_____

Lunch Option: **Bring \$5 on the day(s) you want lunch:**
Tuesday = Pizza & Drink
Wednesday = Hotdog, Chips, & Drink

Total Payment: _____

1 Day Option

Camper #1	1 Day	= \$35
Camper #2 (Sibling Discount)	1 Day add \$30	= _____
Camper #3 (Sibling Discount)	1 Day add \$30	= _____
AM Extended Hours (7:30 – 9:00)	Number of campers _____ x \$5 =	_____
PM Extended Hours (3:00 – 5:30)	Number of campers _____ x \$10 =	_____

Lunch Option: **Bring \$5 on the day you want lunch:**
Tuesday = Pizza & Drink
Wednesday = Hotdog, Chips, & Drink

Total Payment: _____

**** Please sign up before December 18 so we know how many supplies to buy for the campers.****

Hours:	* Early Drop-off: 7:30 a.m.
	* Camp Hours: 9 a.m. to 3 p.m.
	* Extended Hours Camp Activities: 3 p.m. to 5:30 p.m.

All Saints' Academy's Winter Camp 2009 Terms of Enrollment

Parents' Names: _____
Last First

Address: _____
Street City Zip Code

Home Phone: _____ Email Address: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Applicant No. 1 Name: _____
Birthday: _____ Circle Sex: Boy <input type="checkbox"/> Girl <input type="checkbox"/>
Age as of Sept. 1, 2009: _____ Grade Entering Sept. 2009: _____
School: _____

Applicant No. 2 Name: _____
Birthday: _____ Circle Sex: Boy <input type="checkbox"/> Girl <input type="checkbox"/>
Age as of Sept. 1, 2009: _____ Grade Entering Sept. 2009: _____
School: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

TERMS OF ENROLLMENT

* A fee of \$25 will be charged for a check returned for any reason. Returned checks are not re-deposited.

* Payment is non-refundable after December 18, 2009

LATE ARRIVALS/EARLY DEPARTURES

Please arrive at camp no later than 8:45 a.m. Late arrivals must be brought to the camp office in the gym for sign-in. Parents who wish to pick their child/children early must provide the child's/children's counselor with a written note indicating the day and time of pick-up. Campers will be dismissed only from the camp office in the gym, no later than 2:00 p.m.

PARENT'S STATEMENT (SIGNATURE REQUIRED)

I understand that all possible precautions are taken to ensure that indoor and outdoor activities of ALL SAINTS' ACADEMY CAMP, including field trips on/off the camp's grounds, are conducted in a safe and responsible manner. However, I further understand that because of the nature of some of the activities within the camp program, regardless of the high degree of supervision, there is a potential for accidental injury. I do recognize these risks and agree to allow my child/children to participate in camp activities. I agree to assume these risks and release and hold ALL SAINTS' ACADEMY and its CAMP along with its officers, trustees, employees, and agents harmless from, and waive, any claim against the camp and ALL SAINTS' ACADEMY as to the injury which may occur to my child/children while attending the ALL SAINTS' ACADEMY CAMP. This specifically includes any injuries caused by the accidental negligence of ALL SAINTS' ACADEMY CAMP and its employees and agents.

I understand that I am financially responsible for all medical treatment and services rendered to my child/children. Also, in the event my child/children sustains injury while in the camp program, I hereby give permission to any person employed by the camp/school to seek whatever medical assistance he/she deems appropriate. I agree to hold the above employee(s) and the camp/school harmless from any action in this respect.

The ALL SAINTS' ACADEMY CAMP and All Saint's Academy are hereby granted permission to use any individual or group photographs taken at camp showing my child/children in camp activities for publicity and brochure purposes.

Parent Signature: _____ Date: _____

I HAVE READ AND UNDERSTAND THE TERMS OF ENROLLMENT. APPLICATION NOT ACCEPTABLE WITHOUT PARENT/GUARDIAN SIGNATURE. No faxed applications accepted.

Parent Signature: _____ Date: _____

** Please use the payment calculator form to assist you with final payment information.*

Payment Method (Please turn paperwork and payment in to Heather Brown in the front office)

Please indicate payment amount and method: Check or Money Order enclosed. In the amount of \$: _____

Please charge my: MasterCard VISA Card No. _____ Exp. Date: ___/___/___

Amount Paid: _____ Authorized Signature: _____

Office use only –

Application fee paid: _____ Total Paid: \$ _____ Check #: _____ Received by: _____ Date Received: _____