



Extension of Holiday Camp: 1/2 Day Camp -Registration Form 2014/2015 Academic Year

At the Cathedral of St. John the Divine 1047 Amsterdam Avenue New York , NY 10025
212-316-7530 or www.actprograms.org

Child's Name: _____ ID: _____
School: _____ Date of Birth: _____ Grade: _____
Address: _____
City & State: _____
Zip: _____ Home Phone: _____

Parents/ Guardian name: _____
Occupation: _____ E-Mail: _____
Work Phone: _____ Home Phone: _____

Parents/ Guardian name: _____
Occupation: _____ E-Mail: _____
Work Phone: _____ Home Phone: _____

Emergency Contact: _____
Relationship To Child: _____
Home Phone: _____ Work Phone: _____

FEE STRUCTURE:

A NON-REFUNDABLE \$30.00 Mission Fee (Non. Reg. Families)

1/2 Day Camp Fees

- Program Day Fee: School Dismissal -6:15PM(Non Reg. Families) \$30.00 1/2 day
 - Program Day Fee: School Dismissal -6:15PM(Reg. Afterschool Families) \$15.00 1/2 day
 - Discounted for children enrolled annually in A.C.T.'s
- Afterschool Program. (discount Applied to only Annual After School children option only) -\$15

Please indicated the date of the 1/2 Day Camp you wish to enroll: _____

To Register please complete the following and make check payable to A.C.T. Vacation Camp

Program Day Fee: School Dismissal -6:15 P.M. (Non Reg. Families) \$30.00 1/2 day = \$_____

Program Day Fee: School Dismissal -6:15 P.M.(Reg. ASP Families) \$15.00 1/2 day = \$_____

Total Due: _____

Has your child previously enrolled in an A.C.T. Program? _____

If no, specify how you heard about our program? A.C.T. Brochure: _____ A.C.T. Newsletter _____

Acquaintance/ Friend _____ Advertisement _____ Other _____

A NON-REFUNDABLE \$30.00 Mission fee and registration fee must accompany this form in order to reserve a space. The Registration fee is applied to the final month's tuition. Written confirmation will be sent with three weeks of receipt of this form.

ENROLLMENT STIPULATION AND REQUIREMENTS

- 1) All program fees and full payment of tuition are payable by check in advance. Same day registration requires cash payment or money order. A.C.T. reserves the right to request payment in cash if payment is made after five days before the event day.
- 2) We reserve the right to cancel a course or activity for which there is insufficient registration. You will be notified promptly so that you may choose another course/Session/ section or receive a complete refund of registration fees.
- 3) Failure to comply with the payment schedule, contractual agreements or program regulations forfeits place in any in all programs.
- 4) No Refund and no credit policy is in effect at all times.
- 5) Additional fees may apply:
 - A) a bank fee of \$25 will be charged for returned checks.
 - B) A fee of \$5.00 per every 15 minute increments or any fraction thereof will be required in cash at time of pick up of children remaining after program hours beginning at (6:05p.m)
 - C) Other Program fees may apply as stipulated in individual program forms and brochures.
 - D) A.C.T. reserves the right to charge a 5% finance fee for payments made after the due date.

I understand and agree to the terms outlined above:

Parent's Signature

DATE

If I can not be reached and My child _____ (Child's Name) requires emergency treatment because of illness or accident, I hereby authorize A.C.T. Program staff to call in a physician or arrange for emergency treatment at a hospital. Photographs and video in which my child appears may be used by A.C.T. Programs of the Cathedral of St. John the Divine for publicity purpose such as advertisements and on our website.

Parent's Signature

DATE