

# ACEDAYTONA

G Y M N A S T I C S

## 2017-2018 Day Camp Registration Form

<b>Child's Information</b>										
Name:				Sex:	Age:	DOB: _____/_____/____				
Name:				Sex:	Age:	DOB: _____/_____/____				
Name:				Sex:	Age:	DOB: _____/_____/____				
Mother's Name:			Can Text <input type="checkbox"/>	Father's Name:			Can Text <input type="checkbox"/>			
Address:					City:			Zip:		
Mother's Cell Ph:			Mother's Work Ph:		E-mail:					
Father's Cell Ph:			Father's Work Ph:		E-mail:					
Alternative Emergency Contact and Authorized to Pick-up:					Emergency Ph:					
Person Authorized to Pick-up (other than parent and Emergency Contact:					Phone Number:					
<input type="checkbox"/> Check if Custody Issues      Custodial Parent: _____										
<input type="checkbox"/> Check if there are Medical/ Allergy Conditions to which we should be alerted. Medical/ Allergy Conditions: _____										
<b>I understand that it is the intent of ACE Daytona Gymnastics to provide for the safety and protection of my child therefore, if I am not available, I authorize ACE and its employees to seek attention for my child and to execute orders to authorize emergency medical treatment which may be required.</b>										
_____ Signature of Parent/or Legal Guardian							_____ Date			
<b>Rates: 1-Day Camp \$55    2-Day Camp \$70    3-Day Camp \$100    4-Day Camp \$130    5-Day Camp \$155</b>										
<b>Hours: 8:30 a.m.-6:00 p.m.</b>					<b>Early Drop-off: 7:30 to 8:30 a.m. \$5/ daily (family/\$15 per week)</b>					
<b>Sept. 1st Teacher Work Day</b>	<b>Oct. 16<sup>th</sup> Teach Work Day</b>	<b>Nov. 10<sup>th</sup> Veteran's Day</b>	<b>Nov. 22<sup>nd</sup> Thanksgiving Holiday</b>	<b>Dec. 21<sup>st</sup> - 22<sup>nd</sup> Wk 1 Christmas Holiday</b>		<b>Camp Fees</b>		<b>Reg. Fee</b>	<b>Early Drop</b>	<b>Total Paid</b>
<input type="checkbox"/> 1 Day Fri. <input type="checkbox"/> Yes, Early Drop	<input type="checkbox"/> 1 Day Mon. <input type="checkbox"/> Yes, Early Drop	<input type="checkbox"/> 1 Day Fri. <input type="checkbox"/> Yes, Early Drop	<input type="checkbox"/> 1 Day Wed. <input type="checkbox"/> Yes, Early Drop	<input type="checkbox"/> 2 Days TH F <input type="checkbox"/> Yes, Early Drop		<b>Sept. 1</b>				\$
						<b>Oct. 16</b>				\$
						<b>Nov. 10</b>				\$
						<b>Nov. 22</b>				\$
<b>Dec. 27<sup>th</sup> - 29<sup>th</sup> Wk 2 Christmas Holiday</b>	<b>Jan. 2<sup>nd</sup> - 5<sup>th</sup> Wk 3 Christmas Holiday</b>	<b>Jan. 15<sup>th</sup> Martin Luther King</b>	<b>Feb. 19<sup>th</sup> President's Day</b>	<b>March 9<sup>th</sup> Teacher Work Day <input type="checkbox"/> 1 Day Friday <input type="checkbox"/> Yes, Early Drop</b>		<b>Dec. 21-22</b>				\$
<input type="checkbox"/> 3 Days WTH F <input type="checkbox"/> Yes, Early Drop	<input type="checkbox"/> 4 Days T WTH F <input type="checkbox"/> Yes, Early Drop	<input type="checkbox"/> 1 Day Mon. <input type="checkbox"/> Yes, Early Drop	<input type="checkbox"/> 1 Day Mon. <input type="checkbox"/> Yes, Early Drop	<input type="checkbox"/> 5 Days M T W TR F <input type="checkbox"/> Yes, Early Drop		<b>Dec. 27-29</b>				\$
						<b>Jan. 2-5</b>				\$
						<b>Jan. 15</b>				\$
						<b>Feb. 19</b>				\$
						<b>March 9</b>				\$
						<b>March 12-16</b>				\$
<b>Is your child currently enrolled in Ace Daytona Gymnastics recreational classes or team program?</b> <input type="checkbox"/> Yes										
<b>Camp Registration Fee: \$50 (Non Members)</b> \$50 covers all ten 2017-18 Day Camps or pay \$10 per Camp								<b>Registration Fee</b>	\$	
								<small>Non-Refundable</small>		
FOR OFFICE USE-Form of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check # _____ Emp. initials _____										
<b>Guaranteed Form of Payment (REQUIRED)    VISA / MASTERCARD</b>										
Card Holder Name:					Card Type:					
Credit Card #					Expiration Date:			CVV:		
Billing Address & Zip Code (if different from Client):										
<b>I fully understand the Ace Daytona Gymnastics Summer Camp Payment Policies of which I am in receipt; therefore, I hereby authorize Ace Daytona Gymnastics to prepare and submit credit charge slips each Friday prior to my subsequent week's reservation for the weekly amount due. Furthermore, I understand that NO REFUNDS will be given for missed days/weeks or cancellations. I have read and agree to comply with this policy.</b>										
_____ Signature of Parent/or Legal Guardian Date										