

2018-2019 Day Camp Registration Form

Child's Information											
Name:		Sex:		Age:	Ľ	00B: /	/				
Name:				Sex:		Age:	E	00B: /	/		
Name:		Sex:		Age:	Ē	/_ DOB: /	/				
Mother's Name: Can Text			Father's Name:			Can Te	ext	/ _	/		
Address:				City:					Zip:		
Mother's Cell Ph:		Mother's Worl	Mother's Work Ph:		E-mail:						
Father's Cell Ph:		Father's Work	Father's Work Ph:		E-mail:						
Alternative Emergency		Emergency Ph:									
Person Authorized to P	ntact):	Phone Number:									
Custodial Parent:											
\Box Check if there are			e should be alerted.								
		dical/ Allergy Cond									
I understand that it is authorize ACE and its required.											
Signature of Parent/or Legal Guardian							Date				
Rates: 1-Day Camp \$60 2-Day Camp \$90 3-Day Camp \$12											
Hour	rs: 8:30 a.m6:00 p.i	n.	Early Drop-o	off: 7:30	to 8:30 a.n	n. \$5/ daily (fa	mily/\$1	5 per	week	x)	
Sept. 17 Teacher Work Day	Oct.15 Teach Work Day	Nov. 12 Veteran's Day	Nov. 19-21 Thanksgiving Holiday	Dec. 20-21 Wk 1 Christmas Holiday		Camp Fo	Fees Reg. Fee		Early Drop	Total Paid	
□ 1 Day Fri. □ Yes, Early Drop	□ 1 Day Mon. □ Yes, Early Drop	□ 1 Day Mon. □ Yes, Early Drop	□ 3 Days M T W □ Yes, Early Drop	□ 2 Days TH F □ Yes, Early Drop		Sept. 17 Oct. 15				\$ \$	
						Nov. 12				э \$	
						Nov. 19-21				\$	
Dec. 27-28 Wk 2 Christmas Holiday	Jan. 2-4 Wk 3 Christmas Holiday	Jan. 21 Martin Luther King	Feb. 18 President's Day	Mar 15 Teacher Work Day 1 Day Fri Yes, Early Drop		Dec. 20-21				\$	
						Dec. 27-28				\$	
						Jan. 2-4				\$	
□ 2 Days TH F	□ 3 Days W TH F	□ 1 Day Mon. □ Yes, Early Drop		Mar 18-22 Spring Break 5 Days M T W TR F Yes, Early Drop		Jan. 21				\$	
			□ 1 Day Mon.			Feb. 18				\$	
🗆 Yes, Early Drop	□ Yes, Early Drop		□ Yes, Early Drop			March 15 March 18-22				\$ \$	
r 1.11 .1				ŕ						Ψ	
Is your child currently e	enrolled in Ace Daytona	Gymnastics recreation	onal classes or team p	rogram?	□ Ye:	S	Dogistro	tion			
Camp Registration Fee: \$52 (Non Members) \$52 covers all ten 2018-19 Day Camps or pay \$10 per Camp/ \$15 for weeklong Camp Please check which form of payment: Auto Run ACH Auto Run CC (\$1.50 additional processing fee) Self Pay						Registration Fee Non-Refundable		\$			
Guaranteed Form	* *		A / MASTERCAR		Self	Pay					
Card Holder Name:					Card Type:						
Credit Card # Expiration Date:								CVV:			
Billing Address & Zip Co		ient):									
ACH Account Informat Bank Routing Number:	lion										
Bank Account Number:											
I fully understand the Ac prepare and submit crea REFUNDS will be given fo	dit charge slips each Fri	day prior to my subse	equent week's reserva	tion for the	weekly amo						
Signature of Parent/or Le	gal Guardian Date										