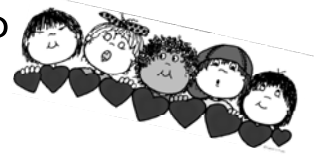




# ALLIANCE CHRISTIAN SUMMER CAMP

## 2009 REGISTRATION FORM



June 29<sup>th</sup>, 2009 ~ August 21<sup>st</sup>, 2009

**QUEENS CHRISTIAN ALLIANCE CHURCH** ☒ 135-20 35<sup>th</sup> Avenue Flushing, New York 11354 ☎ (718) 353-2745

Participant's Name: \_\_\_\_\_ Grade in Sept. 09': \_\_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ T-shirt Size: XS S M L XL

Home Address: \_\_\_\_\_  
Address City State Zip

Home Phone ☎: ( ) \_\_\_\_\_ - \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Work ☎: ( ) \_\_\_\_\_ - \_\_\_\_\_ Father's Work ☎: ( ) \_\_\_\_\_ - \_\_\_\_\_

Mother's Cell ☎: ( ) \_\_\_\_\_ - \_\_\_\_\_ Father's Cell ☎: ( ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Contact's ☎: ( ) \_\_\_\_\_ - \_\_\_\_\_

Please  the boxes to indicate your choice.

### Regular Sessions

[Camp Sessions are from 9AM-4PM]

- Week 1: 6/29-7/3
- Week 2: 7/6-7/10
- Week 3: 7/13-7/17
- Week 4: 7/20-7/24
- Week 5: 7/27-7/31
- Week 6: 8/3-8/7
- Week 7: 8/10-8/14
- Week 8: 8/17-8/21
- Week 9: TBD

### Additional Programs

[Programs not included in the Regular Sessions]

- AM Extended Hours \$160  
7:30am-9am; 8 weeks
- PM Extended Hours \$180  
4pm-6pm; 8 weeks
- Weekly Extended \$ 50/wk  
Needs to Specify the week(s)  
 1  2  3  4  5  6  7  8
- Testing Classes \$360  
4pm-6pm; 8 weeks
- Weekly Trip Fees \$100
- Registration Fee \$ 35  
Non-refundable
- Dance **or** ↓ \$ 0
- Tae Kwon Do \$ 0

### Discounts\*

[\*Must register for 8 weeks & paid in full]

- 1<sup>st</sup> 50 participants -\$150
- Register by 4/30 -\$120
- Register by 5/15 -\$100
- Register after 6/13 -\$ 30
- Family Rate - 20%  
(Additional children of immediate family only)
- Returning Students -\$ 20
- Others: \_\_\_\_\_ -\$

<b>Tuition</b>	<b>Additional</b>	<b>Discount</b>
\$100 X _____ weeks	+	—

#### Schedule Payment Plan

#	Due Date	Amount	Pd.Ck#/cash
1		\$	
2		\$	
3		\$	
4		\$	
5		\$	
6		\$	
7		\$	
8		\$	

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

**Staff:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Total Due:** \$ \_\_\_\_\_

**Amount Paid:** \$ \_\_\_\_\_

**Balance:** \$ \_\_\_\_\_

Cash/Check # \_\_\_\_\_  
 Receipt # \_\_\_\_\_