

Camp ATS Childcare Registration Form

Washington, DC ♦ May 19-24, 2017

Space is limited - Register NOW!

CAMP ATS Welcomes children ages 6 months-12 years. Children participate in age-appropriate activities including arts and crafts projects, active games, and much more in a safe, nurturing environment. Meals are not included in the camp fees. Parents can purchase meals to be provided on-site via this registration form at \$15 per meal. Parents can also send or bring lunch.

REGISTRATION: To assure that your child has a place, please pre-register by May 5, 2017. Your child(ren) is not registered until payment is received. We will assume your child will attend during the hours registered. If your schedule changes, we need as much notice as possible. We will accommodate you as best we can, based on availability. You will receive a refund for a cancellation received in writing at ACCENT's offices no later than **May 5, 2017**. No refunds will be issued after that date. "No shows" receive no refund. This policy is to insure proper staffing, which is in the best interest of your child(ren).

NOTE: For the safety and security of your child(ren), ATS/ACCENT has the right to refuse care to any child based on space availability and appropriateness. ATS/ACCENT also has the right to refuse care to any child unable to adapt to group situations as well as any child whose presence or behavior may disrupt the program or endanger the health or safety of other children. ACCENT staff does not administer medication and any child who is ill will not be admitted to the center.

Day/Date	Times	Session	3 years & Under	3 years & Over	Check-in Time	Check-out Time	No. of Children	# of Meals @ \$15 ea.	TOTAL
Friday, May 19th	7:30 AM – 12:30 PM	Half Day	\$60.00	\$45.00					\$
	12:30 PM – 5:30 PM	Half Day	\$60.00	\$45.00					\$
	7:30 AM – 5:30 PM	Full Day	\$100.00	\$75.00					\$
Saturday, May 20th	7:30 AM – 12:30 PM	Half Day	\$60.00	\$45.00					\$
	12:30 PM – 5:30 PM	Half Day	\$60.00	\$45.00					\$
	7:30 AM – 5:30 PM	Full Day	\$100.00	\$75.00					\$
Sunday, May 21st	7:30 AM – 12:30 PM	Half Day	\$60.00	\$45.00					\$
	12:30 PM – 5:30 PM	Half Day	\$60.00	\$45.00					\$
	7:30 AM – 5:30 PM	Full Day	\$100.00	\$75.00					\$
Monday, May 22nd	7:30 AM – 12:30 PM	Half Day	\$60.00	\$45.00					\$
	12:30 PM – 5:30 PM	Half Day	\$60.00	\$45.00					\$
	7:30 AM – 5:30 PM	Full Day	\$100.00	\$75.00					\$
Tuesday, May 23rd	7:30 AM – 12:30 PM	Half Day	\$60.00	\$45.00					\$
	12:30 PM – 5:30 PM	Half Day	\$60.00	\$45.00					\$
	7:30 AM – 5:30 PM	Full Day	\$100.00	\$75.00					\$
Wednesday, May 24th	7:30 AM – 12:30 PM	Half Day	\$60.00	\$45.00					\$
	12:30 PM – 5:30 PM	Half Day	\$60.00	\$45.00					\$
	7:30 AM – 5:30 PM	Full Day	\$100.00	\$75.00					\$
Non-refundable administrative fee of \$10 per child _____ children @ \$10/ea =									\$
Total									\$

_____ Person with a disability. Please check here if you require special accommodations. We will contact you.

Child's Name _____ Age _____ Sex _____ Birthdate _____

Child's Name _____ Age _____ Sex _____ Birthdate _____

Child's Name _____ Age _____ Sex _____ Birthdate _____

The child(ren) named above will be released ONLY to the person(s) signing this application.

Father/Guardian Full Name _____ Signature _____

Mother/Guardian Full Name _____ Signature _____

Address _____ City _____ State _____ Zip _____

Cell Phone (_____) _____ Fax (_____) _____ E-Mail: _____

Payment Options (FULL PAYMENT REQUIRED.) No form will be processed without payment

Charge to: VISA MasterCard American Express Card # _____ Exp. Date: ____/____/____
MM / YY

Check Enclosed. Check # _____ Make check payable to Accent on Arrangements, Inc.

Register Now

BY FAX
Credit card only
Fax both sides
(504) 524-1229

BY MAIL
Accent on Arrangements, Inc.
615 Baronne Street, Ste. 303
New Orleans, LA 70113

BY INTERNET
www.accentregister.com/register/ATS17

QUESTIONS?
Please call (504) 524-0188
OR email us at
registration@accentoca.com

Camp ATS 2017 GENERAL RELEASE AND WAIVER



I/we, the undersigned parent(s)/guardian(s), in consideration of ACCENT on Children's Arrangements, Inc. ("ACCENT") providing the children's activity programs for our child(ren)/ward(s), at the American Thoracic Society ("The Society") Corporate meeting in Washington, DC on May 19-24, 2017 as designated below, do for myself/ourselves, my/our heirs, executors, administrators and assigns, hereby release and discharge ACCENT and the Society its officers, directors, employees and agents, from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever, which may arise from my/our child(ren)'s presence in the children's activity programs except for gross negligence or willful misconduct on the part of ACCENT's officers, directors, employees or agents.

Furthermore, I/we agree to indemnify and to hold ACCENT and the Society harmless against loss from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever, that may hereafter be made or brought by my/our child(ren)/ward(s) or by anyone on his/her/their behalf and I/we waive any and all rights of exemption under any federal and/or state laws against such claims. I/We authorize the Society and ACCENT to use my child's name and video or photograph at any time and in any manner in connection with its advertising, publicity, and public relations program. The video/photo may only be used by the Society or ACCENT. No further claims will be made by me/us. ACCENT staff is present to assure the safety and well being of all program participants. All participants are expected to respect themselves, other people and their property. The Society and ACCENT are not responsible for acts caused by the willful misconduct of the youth. By signing this waiver I/We acknowledge that I/We will provide a cell phone number that we will be available at all times while my child is in ACCENT's care. I/We hereby recognize and accept ACCENT's policies.

_____	_____
(Child's Name)	(Age)
_____	_____
(Child's Name)	(Age)
_____	_____
(Child's Name)	(Age)

Our child(ren) has/have the following allergies, language and/or special needs:

Since this is a group care center, does your child have experience with group care? Frequently _____ Seldom _____

PLEASE NOTE:

Children who have fever or any communicable disease will not be accepted in the Children's Activity programs. The Society/ACCENT has the right to refuse care to a child unable to adapt to group situations. The Society/ACCENT has the right to refuse care to any child based on space availability and appropriateness

We have read the above and understand this release. Furthermore, in the event of an emergency, the Society/ACCENT has our permission to administer first aid or obtain emergency medical treatment in our child's best interest. We agree to pay all expenses incurred due to an emergency involving our child. I/We agree that a fax or photocopy of my/our signature(s) on this form shall be deemed original and shall not affect the validity of this form.

_____	_____
(Signature, Parent or Guardian)	(Signature, Parent or Guardian)

_____	_____	_____	_____
(Address)	(City)	(State)	(Zip)

_____	_____
(Home Phone)	(Alternate Phone)

*This waiver is mandatory for participation in children's activity programs conducted by ACCENT on Children's Arrangements, Inc.
615 Baronne Street, Suite 303, New Orleans, LA 70113*