



# CAMP ALA REGISTRATION FORM

June 23-27, 2006 – Annual Conference and Exhibition, New Orleans

**CAMP ALA** – Welcomes children ages 6 months – 17 years. Children participate in age-appropriate activities including arts and crafts projects, active games and much more in a safe, nurturing environment. The cost for the camp only is \$48 per child per day (onsite in the convention center). The cost for each field trip day (includes an offsite field trip) is \$58.00 per child per day for children ages 6 years and older. A \$10 Non-refundable registration fee per child is also required.

**MEALS:** The camp fee DOES NOT include lunch. Parents can purchase lunch on this registration form or make plans for their children’s lunches. **NO LUNCHES WILL BE ORDERED ON-SITE.** The field trip fee DOES include lunch.

**NOTE:** For the safety and security of your child(ren), ALA/ACCENT has the right to refuse care to any child based on space availability and appropriateness. ALA/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.

**REGISTRATION:** To assure that your child has a place, please pre-register by June 9, 2006. 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 offices no later than June 9, 2006. You will receive no refund for a cancellation made after that time. “No shows” receive no refund. This policy is to insure proper staffing, which is in the best interest of your child(ren).

ACCENT staff do not administer medication and any child who is ill will not be admitted to the center.

|  | Check-In Time | Check-out Time | Field Trip Yes/No | Number of Children | No. of Lunches at \$15/each (camp only) | Camp ALA Fee per day \$48 per child camp only \$58 per child field trip w/ lunch | TOTAL |
|--|---------------|----------------|-------------------|--------------------|---|--|-------|
| Friday, June 23<br>7:30 am – 6:00 pm           |               |                |                   |                    |   |  | \$    |
| Saturday, June 24<br>7:30 am – 6:00 pm         |               |                |                   |                    |   |  | \$    |
| Sunday, June 25<br>7:30 am – 6:00 pm           |               |                |                   |                    |   |  | \$    |
| Monday, June 26<br>7:30 am – 6:00 pm           |               |                |                   |                    |   |  | \$    |
| Tuesday, June 27<br>7:30 am – 6:00 pm          |               |                |                   |                    |   |  | \$    |
| \$10 per child Non-Refundable Registration Fee |               |                |                   |                    |   |  | \$    |
| <b>FINAL TOTAL DUE:</b>                        |               |                |                   |                    |   |  | \$    |

Child’s name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

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Check here if your child has needs under the American With Disabilities Act. We will contact you.

**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 \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Payment Method (Make checks payable to ACCENT on Children’s Arrangements, Inc. US Funds Only)**

Check Enclosed  Visa/MasterCard Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature of Cardholder \_\_\_\_\_

**Please Mail or Fax to:**

ALA/ACCENT Convention Camp  
615 Baronne St., Ste 303  
New Orleans, LA 70113

Phone: 504-524-0188  
Fax: 504-524-1229  
Email: [registration@accentoca.com](mailto:registration@accentoca.com)  
Web: [www.accentoca.com](http://www.accentoca.com)

Please print this out and keep for your records. Confirmations will not be mailed out.

I/We agree that a fax or photocopy of my/our signature on this form shall be deemed original and shall not affect the validity of this form. 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 Office by May 31, 2006. You will receive no refund for a cancellation made after that time. “No shows” receive no refund. This policy is to ensure proper staffing, which is in the best interests of your child. ACCENT reserves the right to substitute programs of same or greater value, or cancel programs based on enrollment. ACCENT also reserves the right to limit participation of any child whose presence or behavior may disrupt the program or endanger the health or safety of other children. ACCENT staff do not administer medication, and any child who is ill will not be admitted to the Center.