



2009 Registration Form Day Camp – for Age. 5-15

Camper's Last Name _____ First Name _____ Chinese Name: _____

Date of Birth _____ Male _____ Female _____

School: _____ Grade: _____

Address Street _____

City/State/Zip Code _____

Home Phone # _____ Cell Phone _____

Email: 1. _____ ; 2. _____

Mother / Guardian's Name _____ Father's Name _____

In case of **Emergency**, contact person _____ **Relation** _____

Contact number _____ Cell phone _____

Sessions desired: Days desired:

	<i>Pre Summer</i>		6/16		6/17		6/18		6/19
			<i>Jun22 ~ Jun 26</i>			<i>Jun 29 ~ July 3</i>			<i>July 6 ~ July 10</i>
	<i>July13 ~ July.17</i>		<i>July 20 ~ July 24</i>			<i>July 27 ~ July 31</i>			<i>Aug. 3 ~ Aug. 7</i>
	<i>Aug. 10 ~ Aug.14</i>		<i>Aug.17 ~ Aug.21</i>			<i>Aug.24 ~ Aug.28</i>			<i>Aug.31 ~ Sep.4</i>

- **Registration** : \$25.00 non-refundable fee is required of each child at registration time, due with the enrollment form.
- **Donations Optional:** Facility Project Fund (Suggested \$25) for T-Shirt / Record DVD / Souvenir picture.

Total Amount : _____ weeks X \$ _____ = \$ _____ & _____ days X \$ 30/day, Total \$ _____

Payment Information : Check Number _____ \$ _____ Cash \$ _____

Payment Agreement: I hereby authorize ACS for the above payment for the ACS 2009 Program(s).

Parent's/Guardian's signature _____ **Date** _____

All camp payments are due on or before **July 22, 2009**. Camper's healthy information submitting to the camp before first camp day