



ARCHIMEDEAN COMMUNITY CENTER



SUMMER CAMP REGISTRATION FORMS

2019 -2020

GENERAL INFORMATION

Child's Name:	Gender:	Grade Level 2019-2020:
Child's Name:	Gender:	Grade Level 2019-2020:
Child's Name:	Gender:	Grade Level 2019-2020:
Authorized Parent 1 Name:		
Cell. # &/or Work #:	Email:	
Authorized Parent 2 Name:		
Cell. # &/or Work #:	Email:	

EMERGENCY CONTACT INFORMATION

The following people are authorized to pick up the children listed on this form and may be contacted in the event of an emergency when parent(s)/guardian(s) cannot be reached. AUTHORIZED PERSON TO PICK-UP MUST BE 18 YEARS OR OLDER.

Contact 1:	Relationship:
Cell # &/or Work #:	Home #:
Contact 2:	Relationship:
Cell # &/or Work #:	Home #:
Contact 3:	Relationship:
Cell # &/or Work #:	Home #:

MEDICAL INFORMATION

List or describe below if your child has any medical or physical concerns we should know about.

ALL FEES ARE NON-REFUNDABLE & NON-TRANSFERABLE
THE ARCHIMEDEAN TENNIS PROGRAM IS OPERATED BY DAVID ENSIGNIA TENNIS ACADEMY.
FOR MORE INFORMATION: Summer Camp: 3052796572 x 512 | Tennis Classes: Jacit Gonzalez 3058333896

[All forms must be submitted via email: acc@archimedeian.org](mailto:acc@archimedeian.org)

I understand that registration is not complete until I receive via email a confirmation number.

PARENT / GUARDIAN NAME (PRINT): _____

SIGNATURE OF PARENT / GUARDIAN: _____

DATE: _____

ONE FORM PER STUDENT

Child's Name: _____ Grade Level 2019-2020: _____

TWO WEEKS SESSIONS

GENERAL INFORMATION AND HOURS

REGISTRATION FEE: \$65.00/child one for all summer sessions and is in addition to the fees below:

- 9:00 AM - 4:30 PM please arrive at least 15 minutes early!
- Earliest Drop Off: 7:00 AM / Latest Pick Up: 6:30 PM (breakfast is **NOT** provided).
- All campers must be picked up by 6:30 PM. \$1/minute Late Fee if after 6:30 PM.

OPTION DESCRIPTIONS

DESCRIPTIONS:

A: SUMMER CAMP & TENNIS CLASSES: \$370.00/2-wk: includes Tennis Classes in the morning (9:00 am-12:00 pm), Summer Camp Activities in the afternoon, Lunch* and Field Trip* on last Friday.

B: SUMMER CAMP: \$235.00/2-wk: includes Summer Camp Activities, Lunch* and Field Trip* on last Friday.

Please check off your choice(s) below. **TWO-WEEK SESSIONS: Prices below are per two weeks.**

If selecting any of the Tennis Class options above, note there is a Field Trip scheduled on the last Friday.

WEEK 1 & 2 June 10 - June 21	WEEK 3 & 4 June 24 -July 05 (camp closed July 4)	WEEK 5 & 6 July 08 - July 19	WEEK 7 & 8 July 22 - August 02
<input type="checkbox"/> A. SUMMER CAMP & TENNIS CLASSES : \$370.00/2-wk <input type="checkbox"/> B. SUMMER CAMP : \$235.00/2-wk	<input type="checkbox"/> A. SUMMER CAMP & TENNIS CLASSES : \$370.00/2-wk <input type="checkbox"/> B. SUMMER CAMP : \$235.00/2-wk	<input type="checkbox"/> A. SUMMER CAMP & TENNIS CLASSES : \$370.00/2-wk <input type="checkbox"/> B. SUMMER CAMP : \$235.00/2-wk	<input type="checkbox"/> A. SUMMER CAMP & TENNIS CLASSES : \$370.00/2-wk <input type="checkbox"/> B. SUMMER CAMP : \$235.00/2-wk
The choices listed below are additional options. Please make your choice or leave blank. <input type="checkbox"/> 1.I am adding Tennis Class 9:00 AM - 10:15 AM for an additional \$90.00/2 - wk. <input type="checkbox"/> 2.I am adding Tennis Class 3:15 PM - 4:30 PM for an additional \$90.00/2 - wk.	The choices listed below are additional options. Please make your choice or leave blank. <input type="checkbox"/> 1.I am adding Tennis Class 9:00 AM - 10:15 AM for an additional \$90.00/2 - wk. <input type="checkbox"/> 2.I am adding Tennis Class 3:15 PM - 4:30 PM for an additional \$90.00/2 - wk.	The choices listed below are additional options. Please make your choice or leave blank. <input type="checkbox"/> 1.I am adding Tennis Class 9:00 AM - 10:15 AM for an additional \$90.00/2 - wk. <input type="checkbox"/> 2.I am adding Tennis Class 3:15 PM - 4:30 PM for an additional \$90.00/2 - wk.	The choices listed below are additional options. Please make your choice or leave blank. <input type="checkbox"/> 1.I am adding Tennis Class 9:00 AM - 10:15 AM for an additional \$90.00/2 - wk. <input type="checkbox"/> 2.I am adding Tennis Class 3:15 PM - 4:30 PM for an additional \$90.00/2 - wk.

NOTE: Registration Fee is charged one time. If you are enrolling your child in multiple sessions, then you will only pay the Registration fee one time. *Lunch is included in the pricing. *No discounts for children who choose not to have the Lunch. *Activities may change, but we do not anticipate any changes. *Field trip is subject to change due to unforeseen circumstances such as weather. *No discounts for children who do not attend the Field Trip. 10% Sibling Discount applied to sibling with the lesser charge and is NOT applied to the Registration Fee. ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

ALL FEES ARE NON-REFUNDABLE & NON-TRANSFERABLE

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PARENT / GUARDIAN NAME (PRINT): _____

SIGNATURE OF PARENT / GUARDIAN: _____

DATE: _____

ACC FINANCIAL AND ENROLLMENT AGREEMENT

1. **REGISTRATION FEES** are per child.
2. **ALL FEES ARE NON-REFUNDABLE & NON-TRANSFERABLE. THERE IS NO CREDIT FOR ABSENCES OR VACATION.**
3. **CHILD IS NOT REGISTERED UNTIL FULL BALANCE INCLUDING REGISTRATION FEE IS RECEIVED.**
4. Any outstanding balance must be paid before child may attend program. Payments are applied to the oldest charges first.
5. Upon registration, automatic invoicing begins. Should a parent wish to cancel or modify a contract, then parent **MUST** notify the ACC via email acc@archimedean.org The parent will be responsible for any unpaid balance even if the child was not attending the program. Cancellations and modifications will be effective 7 business days after notification is received. **CANCELLATION OR MODIFICATION REQUEST IS NOT COMPLETE WITHOUT A RESPONSE EMAIL WITH CONFIRMATION NUMBER FROM ACC STAFF via acc@archimedean.org.**
6. **Schedules are subject to change.**
7. Registration is NOT VALID without a confirmation number. Confirmation numbers are issued after the forms are reviewed for accurateness and payment is received in full and is accurate. This review process will take approximately 3 business days. Confirmation numbers will be emailed to the email address that Archimedean Schools has on record.
8. All registration forms must be emailed to acc@archimedean.org. If you do not have a scanner, then you can come to the ACC Office for a representative to scan it for you.
9. Parents may contact us to know forms have been received. We highly suggest you contact us by email.
10. \$35 Returned Check Fee will apply when applicable.
11. **Reductions to fees may not be made for vacation, school holidays, illness, or weather.**
12. **No Make-Ups for vacation, school holidays, illness, or weather.**
13. **Activities are subject to closure for low enrollment.**
14. **No partial pricing or discounts for partial use of the program selected.**
15. **The ACC nor Archimedean Schools will be responsible for any lost or damaged personal property, money or belongings.**
16. **Any child that arrives to camp for a field trip without the camp shirt will be given an additional camp shirt and parent will be billed an additional \$10/camp shirt.**
17. **\$1.00/minute charge for each child that is not picked up by 6:30 PM.**

IMPORTANT NOTE: In order to remain fair and equal to all our families no exceptions to the above will be made. Additionally, we document all of our procedures, policies, rules, etc. via contracts and schoolwide emails. We will not be able to honor conversations and agreements you may have with individual school personnel. Please be sure to keep yourself informed by always checking your email and having an accurate email address on record with the school.

Parent/Guardian Authorization,

I am hereby giving my permission for the person(s) herein described to engage in all Summer Camp activities. I hereby give my permission to the ACC & DAVID ENSIGNIA TENNIS ACADEMY to use photos and video of my child(ren) as an ACC Participant in promotional literature or media used by the ACC & DAVID ENSIGNIA TENNIS ACADEMY Staff.

I hereby give permission to the ACC Staff & DAVID ENSIGNIA TENNIS ACADEMY Staff to take whatever emergency measures are judged necessary for the care and protection of my child(ren) while under their supervision. In case of a medical emergency I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment, if the local emergency deems necessary. I understand that in some medical situations the ACC Staff & DAVID ENSIGNIA TENNIS ACADEMY Staff will need to contact the local emergency resources before the parent/guardian. I understand that any expenses incurred will be borne by the child's family.

I understand that the ACC Summer Camp includes activities in or near water. I give my permission for my child to participate in all water activities included in the camps.

I understand that if I selected for my child to attend the field trip that my child will be transported by bus. While in route, the child will be under the direct supervision of the driver and ACC Staff and will be subject to all regulations set for the safety of the child. I will not hold the driver, the ACC Staff, nor the Archimedean School responsible for any injuries or loss of property which may be sustained as a direct or indirect result of this service.

I have read the ACC Financial Enrollment Agreement listed above on this page and hereby agree to comply with the procedures and policies of the ACC regarding fees, discipline, attendance, and all other information as listed in the registration form pages. I accept all financial responsibility for 100% of ACC & DAVID ENSIGNIA TENNIS ACADEMY fees.

PARENT / GUARDIAN NAME (PRINT): _____

SIGNATURE OF PARENT / GUARDIAN: _____ DATE: _____

Credit Card Authorization for Automatic Withdrawal Processed by Archimedean Schools

Child(ren)'s Name:	
Select: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER	
Name on Card:	
Credit Card #:	
Expiration Date:	Billing Zip code:
Best Phone #s to be Reached:	

(Copy of Driver's license and back and front of Credit Card attached)

Amount to be charged:5

<p>I hereby authorize ARCHIMEDEAN SCHOOLS to charge my credit card in the amount stated above. I understand that it is my responsibility to notify the SCHOOL CASHIER of any changes to this form of payment. I understand that in order to cancel I must give a cancellation notice or change of credit card to the SCHOOL CASHIER. I understand that the change may take at least 7 business days to be in effect.</p>
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Credit Card Holder Signature:	Date:
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<p>CHILD IS NOT CONSIDERED REGISTERED UNTIL FULL PAYMENT INCLUDING REGISTRATION IS RECEIVED. All information is kept confidential pursuant to Federal Regulations and Privacy Act.</p>

ARCHIMEDEAN COMMUNITY CENTER

12425 Sunset Dr Miami, FL 33183, USA 

(305) 279-6572 

acc@archimedean.org 