



ARCHIMEDEAN SCHOOLS SPRING CAMP

March 9th - 13th 2020
Pre-K4 - 8th Grade



© 12425 Sunset Dr, Miami, FL 33183, USA
Tel (305) 279-6572
archimedean.org/acc
acc@archimedean.org



ARCHIMEDEAN COMMUNITY CENTER | SPRING CAMP REGISTRATION FORM

12425 Sunset Dr Miami, FL 33183, USA | (305) 279-6572 | acc@archimedean.org

GENERAL INFORMATION

Child's Name:	Gender:	Grade Level 2019-2020:
Authorized Parent 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 #:

MEDICAL INFORMATION

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

PARENT / GUARDIAN NAME (PRINT): _____

SIGNATURE OF PARENT / GUARDIAN: _____ DATE: _____

All registration forms must be submitted by email to acc@archimedean.org. All fees are non-refundable & non-transferable.

Credit Card Authorization

I hereby authorize ARCHIMEDEAN SCHOOLS to charge my credit card in the amount stated below..

☐ Please use the credit card that you have on file.

☐ Please use the following credit card

Select: ☐ VISA | ☐ MASTERCARD | ☐ DISCOVER

Name on Card:

Credit Card #:

Expiration Date:

Billing Zip code:



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SPRING CAMP ACTIVITIES

Basketball | Volleyball | Soccer | Kickball | Movies | Arts & Crafts | Board Games | Baking | Painting & many more

ACC FINANCIAL & ENROLLMENT AGREEMENT

- Registration Fee: \$0
- Participation Fee: \$160 (activities, sports, lunch and field trip expenses are included)
- 10% sibling Discount
- Hours of Operation: 7am - 6:30pm (\$1 per minute after 6:30pm)
- Field Trip is subject to change due to unforeseen circumstances such as weather
- No discount for children who choose not to have lunch
- No discount for children who choose not to attend the field trip

PARENT GUARDIAN AUTHORIZATION

I am hereby giving my permission for the person(s) herein described to engage in all Spring Camp activities. I hereby give my permission to the ACC to use photos and videos of my child(ren) as an ACC participant in promotional literature or media used by the ACC.

I hereby give permission to the ACC 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(ren) 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 will need to contact the local emergency resources before the parent/guardian. I understand that my expenses incurred will be covered by the child's family insurance.

I understand that if my child is to attend the field trip he/she 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 Schools responsible for any injuries or loss of property which may be sustained as a direct or indirect result of this service.

PARENT / GUARDIAN NAME (PRINT): _____

SIGNATURE OF PARENT / GUARDIAN: _____ DATE: _____