

Village Gate 2013 Camp Registration

Child's Name _____ Birth date _____ Home Phone _____

Mailing Address _____

Email Address _____

Mothers Name _____ Home phone _____ Work/Cell phone _____

Father's Name _____ Home phone _____ Work/Cell phone _____

Elementary Camp Sessions <small>Please circle session fees in the desired session</small>	Camp 9AM - 12PM Half Day Session By 5/10	Camp 9AM - 3PM Full Day Session By 5/10	Camp 9AM - 12PM Half Day Session After 5/10	Camp 9AM - 3PM Full Day Session After 5/10	Total
Session 1: 6/24 - 6/28	\$175	\$250	\$200	\$280	
Session 2: 7/1 - 7/5	\$140	\$200	\$165	\$230	
Session 3: 7/8 - 7/12	\$175	\$250	\$200	\$280	
Session 4: 7/15 - 7/19	\$175	\$250	\$200	\$280	
Session 5: 7/22 - 7/26	\$175	\$250	\$200	\$280	
Session 6: 7/29 - 8/2	\$175	\$250	\$200	\$280	
Session 7: 8/26 - 8/29 Math & Reading Clinic	\$175	\$250	\$200	\$280	
TOTAL: (Please submit 50% Deposit with Registration)					

Agreement

I understand that all fees are payable in no advance before the first registered session and that no child may enter or continue to attend unless all fees are paid in full. This application does not guarantee acceptance. When accepted and returned, the school agrees to reserve space for the above named child for the period specified. I understand that if, for any reason, this application cannot be accepted by Village Gate, no contractual relationship shall exist between us, and my payment will be returned in full. I understand that the dates of enrollment cannot be altered. All non-refundable fees will not be returned. In the event that your child is unable to attend due to a serious illness or injury that is confirmed in writing by the child's physician, the school will refund or credit tuition for the number of consecutive days absent. No refund will be made for the first three consecutive days of absence. I give my permission to Village Gate to use photographs taken of the above named child at camp for promotional use. I have read the conditions of this agreement and accept them as stated. Village Gate reserves the right to cancel programs should there be insufficient enrollment.

Mother Signature & Date _____

Father Signature & Date _____

Accepted for Village Gate Summer Camp _____ Date _____

METHOD OF PAYMENT

Please Make checks payable to: Village Gate Children's Academy

Payment Amount: \$ _____ Payment Type: Check Visa MasterCard

Credit Card Number: _____ Exp: _____ CIV #: _____

Signature _____

