

# Early Bird Registration

**Camp Pittcon  
Orlando, Florida**

**March 11-15, 2012**

**Space is limited - Register NOW!**



**CAMP Pittcon– Welcomes children ages 6 months – 12 years.** Children participate in age-appropriate activities including arts and crafts projects, active games and much more in a safe, nurturing environment. Meals are not included in the camp fees. Meals will be provided by Pittcon or you can bring lunch to the center.

**REGISTRATION: To assure that your child has a place, please pre-register by March 2, 2012. Your child(ren) is not registered until payment is received.** 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 March 2, 2012. After that date, no refunds will be issued. "No shows" receive no refund. This policy is to insure proper staffing, which is in the best interest of your child(ren).

**NOTE:** For the safety and security of your child(ren), Pittcon/ACCENT has the right to refuse care to any child based on space availability and appropriateness. Pittcon/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. ACCENT staff does not administer medication and any child who is ill will not be admitted to the center.

*\*Please note that Early Bird Rates are valid until February 15, 2012. After this date the rate per hour will increase per child.*

**EARLY BIRD RATES: PRICE PER CHILD**

<b>Children 6 months - 35 months</b>	<b>Children 3 years - 12 years</b>
\$10.00 per hour (3 hour minimum)	\$9.00 per hour (3 hour minimum)

**\*\*PLEASE PRINT\*\***

Day/Date	Times	Check-in Time	Check-out Time	# of Hours	# of Children	TOTAL
Sunday, March 11 <sup>th</sup>	1:00PM-5:30PM					\$
Monday, March 12 <sup>th</sup>	7:30AM-5:30 PM					\$
Tuesday, March 13 <sup>th</sup>	7:30AM-5:30 PM					\$
Wednesday, March 14 <sup>th</sup>	7:30AM-5:30 PM					\$
Thursday, March 15 <sup>th</sup>	7:30AM-5:30 PM					\$
Non-refundable Registration Fee of \$10 per child _____ children @ \$10/ea =						\$
<b>TOTAL</b>						\$

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_

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\_\_\_\_\_ Check here if your child has needs under the Americans with Disabilities Act. We will contact you.

Does your child have experience with group care? \_\_\_\_\_ Frequently \_\_\_\_\_ Seldom \_\_\_\_\_ Never

**PAYMENT METHOD: U S Funds Only.** Make Checks payable to **ACCENT on Children's Arrangements, Inc.**

Visa/MasterCard \_\_\_\_\_  
 Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Check # \_\_\_\_\_

**I/We agree that a fax or photocopy of my/our signature(s) on this form shall be deemed original and shall not affect the validity of this form.**

**The child(ren) named above will be released ONLY to the person(s) signing this application.**

Parent/Guardian Full Name \_\_\_\_\_ Signature \_\_\_\_\_

Parent/Guardian Full Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Please print and keep a copy for your records, DO NOT SEND THIS FORM TO PITTCON.

Send to: **Camp Pittcon/ACCENT on Children's Arrangements, Inc.**

**615 Baronne Street, Suite 303, New Orleans, LA 70113**

**Phone (504) 524-0188 FAX (504) 524-1229 e-mail: [registration@accentoca.com](mailto:registration@accentoca.com)**

# Camp Pittcon 2012 GENERAL RELEASE AND WAIVER



I/we, the undersigned parent(s)/guardian(s), in consideration of ACCENT on Children's Arrangements, Inc. ("ACCENT") providing the children's activity programs for our child (ren)/ward(s), at the Pittsburg Conference ("The Association") Corporate meeting in Orlando, Florida on March 11-15, 2012 as designated below, do for myself/ourselves, my/our heirs, executors, administrators and assigns, hereby release and discharge ACCENT and the Association, its officers, directors, employees and agents, from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever, which may arise from my/our child(ren)'s presence in the children's activity programs except for gross negligence or willful misconduct on the part of ACCENT's officers, directors, employees or agents.

Furthermore, I/we agree to indemnify and to hold ACCENT and the Association harmless against loss from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever, that may hereafter be made or brought by my/our child (ren)/ward(s) or by anyone on his/her/their behalf and I/we waive any and all rights of exemption under any federal and/or state laws against such claims. I/We authorize the Association and ACCENT to use my child's name and video or photograph at any time and in any manner in connection with its advertising, publicity, and public relations program. The video/photo may only be used by the Association or ACCENT. No further claims will be made by me/us. ACCENT staff is present to assure the safety and well being of all program participants. All participants are expected to respect themselves, other people and their property. The Association and ACCENT are not responsible for acts caused by the willful misconduct of the youth. By signing this waiver I/We acknowledge that I/We will provide a cell phone number that we will be available at all times while my child is in ACCENT's care. I/We hereby recognize and accept ACCENT's policies.

_____	_____
(Child's Name)	(Age)
_____	_____
(Child's Name)	(Age)
_____	_____
(Child's Name)	(Age)

Our child (ren) has/have the following allergies, language and/or special needs:

\_\_\_\_\_

Since this is a group care center, does your child have experience with group care? Frequently \_\_\_ Seldom \_\_\_\_\_

## PLEASE NOTE:

**Children who have fever or any communicable disease will not be accepted in the Children's Activity programs. The Association /ACCENT has the right to refuse care to a child unable to adapt to group situations. The Association/ACCENT has the right to refuse care to any child based on space availability and appropriateness**

We have read the above and understand this release. Furthermore, in the event of an emergency, the Association/ACCENT has our permission to administer first aid or obtain emergency medical treatment in our child's best interest. We agree to pay all expenses incurred due to an emergency involving our child. I/We agree that a fax or photocopy of my/our signature(s) on this form shall be deemed original and shall not affect the validity of this form.

_____	_____
(Signature, Parent or Guardian)	(Signature, Parent or Guardian)
_____	_____
(Address)	(City) (State) (Zip)
_____	_____
(Home Phone)	(Alternate Phone)

*This waiver is mandatory for participation in children's activity programs conducted by ACCENT on Children's Arrangements, Inc. 615 Baronne St. Suite 303, New Orleans, LA 70113*