



All City Youth Programs

Summer Camp Registration Form

Parents/ Guardians must pay fees equaling 1 week payment, in advance, to be eligible for payment plan, with the understanding that non-payment can cause the camper to lose their spot. No refunds.

Annual Membership Fee (Jan. 1- Dec. 31)						\$
Fundraiser						\$
Child's Name	DOB	M F	Age	Amount per week	Number of weeks	\$
1				\$125.00		\$
2				\$100.00		\$
3				\$90.00		\$
4				\$90.00		
				\$40.00	Drop-In	
Scholarship Eligibility	Free Lunch		Medicaid			
One week advance payment must be made no later than one week before camps starts. Payments are due every Monday.	Paid by Ck., CC., or Cash				Down Payment	
					Total Due	
					Balance Owed	
					Balance Owed	
Address		City		Zip	Home Phone	
Parent/ Guardian			Cell			
Parent/ Guardian			Cell			
Parent/ Guardian E-Mail Address						
<p>I, parent/guardian of the above named child, understand and accept the payment terms and refund policy, as stated above. I also, hereby give my permission for his/her participation in the elected program above. I understand the All City Youth Programs (ACYP), the City of Floresville, and the 4(a) Board and affiliates are not responsible for any sickness or injury that the above named child may receive while in attendance of this program. In case of a medical emergency, I agree that 911 should be called and every effort will be given to contact me or any other emergency contacts that I list. No insurance is provided by ACYP. I give my permission for any pictures of my child taken during this program be used for ACYP promotions, unless otherwise stated in writing. This program is not a licensed Day Care, but exempt from DFPS regulation under the Short Term Program: A State Program 40: TAC 745:117(2).</p>						
Parent/Guardian Signature: _____						Date: ____