

Camp EB Childcare Registration Form

San Diego, CA ♦ April 21-25, 2012

Space is limited - Register NOW!

CAMP EB– Welcomes children ages 6 months – 17 years. Children participate in age-appropriate activities including arts and crafts projects, active games and much more in a safe, nurturing environment.

REGISTRATION: We will assume your child will attend during the hours for which he/she is registered, and we will staff accordingly. You will receive a refund for a cancellation received in writing at ACCENT offices by April 6, 2012. You will not receive a refund for a cancellation made after that time. “No-shows” receive no refund. This policy is to ensure proper staffing, which is in the best interest of your child.

MEALS: Lunch is not included at on-site camp; however, snacks will be provided.

NOTE: For the safety and security of your child(ren), the EB/ACCENT has the right to refuse care to any child based on space availability and appropriateness. The EB /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.

Registration Deadline: April 6, 2012 • Camp EB is exclusively open to the families of registered EB attendees.

| Ages 6-36 mos. | | Ages 3-17 years | | |
|--|----------|-----------------|--------------------|-----------|
| Hourly Rate <i>(3 hr Consecutive Minimum)</i> | | \$ 10.00/hr | | \$8.00/hr |
| Scheduled Dates and Times | Check In | Check Out | Number of Children | TOTAL |
| Saturday, April 21, 8:00 a.m. - 6:00 p.m. | | | | |
| Sunday, April 22, 7:00a.m. – 7:00 p.m. | | | | |
| Monday, April 23, 7:00 a.m. - 7:00 p.m. | | | | |
| Tuesday, April 24, 7:00 a.m. - 7:00 p.m. | | | | |
| Wednesday, April 25, 7:00 a.m. - 6:00 p.m. | | | | |
| Non-Refundable Registration Fee: \$10/child | | | | \$ |
| TOTAL | | | | \$ |

Person with a disability. Please check here if you require special accommodations. We will contact you.

Child's Name _____ Age _____ Sex _____ Birthdate _____

Child's Name _____ Age _____ Sex _____ Birthdate _____

Child's Name _____ Age _____ Sex _____ Birthdate _____

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

Father/Guardian Full Name _____ Signature _____

Mother/Guardian Full Name _____ Signature _____

Address _____ City _____ State _____ Zip _____

Cell Phone (_____) _____ Fax (_____) _____ E-Mail: _____

Payment Options (FULL PAYMENT REQUIRED.) No form will be processed without payment

Charge to: VISA MasterCard American Express Card # _____ Exp. Date: ____/____/____
MM / YY

Check Enclosed. Check # _____ Make check payable to Accent on Arrangements, Inc.

Register Now

BY FAX
Credit card only
Fax both sides
24 hours a day
(504) 524-1229

BY MAIL
Accent on Arrangements, Inc.
615 Baronne Street, Ste. 303
New Orleans, LA 70113

BY INTERNET
www.accentregister.com/register/eb2012

QUESTIONS?
Please call (504) 524-0188

CAMP EB 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 Experimental Biology ("The Association") Corporate meeting in San Diego, California on April 21-25, 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

***My child(ren), 13 years or older, DOES _____ DOES NOT _____ have permission to leave the activity center on their own.*

***My child(ren), 13 years or older, DOES _____ DOES NOT _____ have permission to remove his/her siblings from activity center.*

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) | (Cell Phone) |