

Camp IFT
Ernest N. Morial Convention Center
New Orleans, Louisiana



July 17 - 20, 2005

Space is limited - Register NOW!

CAMP IFT- 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. Parents can purchase meals to be provided on-site via this registration form at \$15 per meal. Parents can also send or bring lunch to the center.

REGISTRATION: To assure that your child has a place, please pre-register by July 7, 2005. 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 July 7, 2005. 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), IFT/ACCENT has the right to refuse care to any child based on space availability and appropriateness. IFT/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 do not administer medication and any child who is ill will not be admitted to the center.

****PLEASE PRINT****

Day/Date	Times		Under 3 yrs	Over 3 yrs	Check-in Time	Check-out Time	# of Children	# of Meals @ \$15 ea.	TOTAL
Sunday 7/17/05	8:30AM - 6:00PM	4 consecutive hours or less	\$35	\$30					\$
		4.5 consecutive hours or more	\$70	\$65					\$
Monday 7/18/05	8:30AM - 6:00PM	4 consecutive hours or less	\$35	\$30					\$
		4.5 consecutive hours or more	\$70	\$65					\$
Tuesday 7/19/05	8:30AM - 6:00PM	4 consecutive hours or less	\$35	\$30					\$
		4.5 consecutive hours or more	\$70	\$65					\$
Wednesday 7/20/05	8:30AM - 5:00PM	4 consecutive hours or less	\$35	\$30					\$
		4.5 consecutive hours or more	\$70	\$65					\$
Non-refundable Registration Fee of \$10 per child _____ children @ \$10/ea =									\$
TOTAL									\$

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 _____

Daytime Phone (____) _____ FAX (____) _____ E-mail _____

Please print and keep a copy for your records. Confirmations will not be mailed out. DO NOT SEND THIS FORM TO IFT.

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

615 Baronne St., Suite 303, New Orleans, LA 70113

Phone (504) 524-0188 FAX (504) 524-1229

e-mail: registration@accentoca.com web site: www.accentoca.com