

Summer Camp 2009

AMA State Certified Day care, CCRI Accepted!

Children ages 4-12 will join our Academy for Summer Camp 2009! There will be four groups divided by age, with two teachers per group of 14 children. We will travel to the following during the summer, dates to be determined.

Carowinds***	Horseback Riding*	Taekwon-Do	Reedy Creek Park
Lazy 5 Ranch*	Bowling*	Gem Movie Theater	Swimming
Discovery Place*	Roller Skating*	AMC-24 Movies	Arts and Crafts
		Academic summer fun	Library visits

*Activities marked with an asterisk will have an additional field trip expense (\$8). All other field trips are included in the weekly fee. A healthy morning and afternoon snack is included in the weekly fee, parents must send a sack lunch. There is a 10% sibling discount. Financial Aid and Scholarships applications are available upon request. On the web www.amatkd.com

Thank you for understanding that it is a difficult process to organize care and transportation for students if we do not know when they will be attending. Only check those weeks you will be attending, if you check a week and do not attend without a 2 week written notice, you will be billed for that week regardless of your attendance, since we could not open that space up for someone else. Contact us if you have any questions **704-494-0800**, amatkd@bellsouth.net

Check which weeks your child will attend:

- | | |
|---|---|
| <input type="checkbox"/> Two Days - June 11 th -12 th | <input type="checkbox"/> Week 6- July 20 th -24 th |
| <input type="checkbox"/> Week 1- June 15 th -19 th | <input type="checkbox"/> Week 7- July 27 th -31 st |
| <input type="checkbox"/> Week 2- June 22 nd -26 th | <input type="checkbox"/> Week 8- August 3 rd -7 th |
| <input type="checkbox"/> Week 3- June 29 th -3 rd | <input type="checkbox"/> Week 9- August 10 th -14 th |
| <input type="checkbox"/> Week 4- July 6 th -10 th | <input type="checkbox"/> Week 10- August 17 th -21 st |
| <input type="checkbox"/> Week 5- July 13 th -17 th | |

I (Parent/guardian below) am paying \$50 per student to reserve a place/s for (Student name/s below) to participate in the above selected weeks of Summer Camp 2009. I understand that the \$50 will be used as the registration fee and will not be refunded for any reason. Fee structure is as follows, 7 hours per day is the minimum length of care:

\$99.00 weekly provides for 7 hours of care a day, example 9-4 pm.

\$109.00 weekly provides for 8 hours of care a day, example 9-5 pm

\$119.00 weekly provides for 9 hours of care a day, example 8-5 pm

\$129.00 weekly provides for 10 hours of care a day, example 7-5 pm

\$139.00 weekly provides for 11 hours of care a day, example 7-6 pm

Student Name/s _____ Age/s _____

Parent/Guardian Name/s _____

Contact Phone Number/s _____

E-mail Contact _____

Complete Mailing Address _____