

**2006 NATIONAL EDUCATION ASSOCIATION CAMP NEA AND FAMILY SERVICES CENTER  
PRE-CONFERENCE WEEK REGISTRATION FORM**

Orlando, FL June 25-June 29, 2006



**Camp will run from 7:30 a.m. – 5:00 p.m. This service is provided at a charge of \$5 per child per day for children ages 6 months – 15 years on a pre-registration basis.**

**MEALS:** Parents may pre-order children’s lunches and dinners on this form. **NO LUNCHES WILL BE ORDERED ON-SITE.**

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

**REGISTRATION:** **To assure that your child has a place, please register by June 16, 2006.** 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 June 16, 2006. You will receive no refund for a cancellation made after that time. “No shows” receive no refund. This policy is to insure proper staffing, which is in the best interest of your child(ren).

ACCENT staff do not administer medication and any child who is ill will not be admitted to the center.

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

NEA Pre-Conference Week	Check-in Time	Check-out Time	Number of Hours	No. of Children \$5	No. of Lunches \$15	TOTAL
Sunday, June 25, 2006 7:30am-5:00pm						\$
Monday, June 26, 2006 7:30am-5:00pm						\$
Tuesday, June 27, 2006 7:30am-5:00pm						\$
Wednesday, June 28, 2006 7:30am-5:00pm						\$
Thursday, June 29, 2006 7:30am-5:00pm						\$
					<b>TOTAL</b>	<b>\$</b>

\_\_\_\_ 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 \_\_\_\_\_

Child’s Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Child’s Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Child’s Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Father/Guardian Full Name \_\_\_\_\_ Signature \_\_\_\_\_

Mother/Guardian Full Name \_\_\_\_\_ Signature \_\_\_\_\_

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

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

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

Visa/Mastercard \_\_\_\_\_  
 \_\_\_\_\_ Credit Card Number \_\_\_\_\_ Expiration 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.**

Please print this out and keep for your records. Confirmations will not be mailed out.

**PLEASE DO NOT SEND THIS FORM TO THE NATIONAL EDUCATION ASSOCIATION**

Send to: **Camp NEA/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**