



**Camp MSEA**  
**Ocean City, Maryland**  
**October 16 – 17, 2009**  
**Space is limited - Register NOW!**



**CAMP MSEA (formerly MSTTA) – Welcomes children ages 12 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 included in fees. See schedule below.

**REGISTRATION: To ensure that your child has a place, please pre-register by October 2, 2009. Your child(ren) is not registered until payment is received. Please note that priority will be given to RA delegates. If you are a non-delegate, your child(ren) will be placed on a waiting list. If space permits, non-delegate children will be able to participate.** 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 October 2, 2009. After that date, no refunds will be issued. "No shows" receive no refund. This policy is to ensure proper staffing, which is in the best interest of your child(ren).

**NOTE:** For the safety and security of your child(ren), **MSEA/ACCENT** has the right to refuse care to any child based on space availability and appropriateness. **MSEA/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	Check-in Time	Check-out Time	# of Children	\$20/day /child	TOTAL
Friday 10/16/09	8:00AM – 4:30PM				\$20/child	\$
Saturday 10/17/09	8:00AM–4:30 PM				\$20/child	\$
Non-refundable Registration Fee of \$10 per child _____ children @ \$10/ea =						\$
<b>TOTAL</b>						<b>\$</b>

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_

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 \_\_\_\_\_

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

Please print and keep a copy for your records. Confirmations will be e-mailed.

**Please print e-mail address clearly. DO NOT SEND THIS FORM TO MSEA.**

Reservations cannot be taken over the phone.

If you prefer to pay by Check please print this form and mail to:

**Camp MSEA/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](mailto:registration@accentoca.com)**