



# A.C.E. World Language Programs

## Language Camp Registration Form

For Children Ages 6 to 11  
July 19 – August 12, 2010  
at St. Benedict Episcopal Church,  
910 Bowker Street, Lacey, WA 98503  
Classes meet M-Th, 10 a.m. to 1 p.m.

### REGISTRATION PROCESS DUE DATE: JULY 1, 2010

Registration is on a first come, first served basis. Registration will continue up to the deadline or until enrollment is filled. Please sign up early to insure a slot for you child.

**FEE: \$120\*** Please bring a snack for your child. Water or juice provided by ACE.

\* Each day of camp includes 3 lessons with each lesson at \$10/hr. A total of 12 lessons will be conducted per week. There is a \$20 discount for the 2<sup>nd</sup> sibling.

**Checks or credit cards are accepted** - no cash or money orders. Please make checks or credit card payment payable to A.C.E. World Language Programs.

### APPLICATION REQUIREMENTS:

1. Registration Form (This page)
2. Program Fee

Please mail registration form and \$1200 check/credit card payment for the registration fee to the address below. Please make checks payable to **A.C.E. World Language Programs**:

A.C.E. World Language Programs  
ATT: Spanish and German Language Camps  
200 West Mercer Street, Suite 108  
Seattle, WA 98119

For more information, please contact Elke Armajo at [elkearmajo@live.com](mailto:elkearmajo@live.com) or (360) 456-1402.

## SPANISH AND GERMAN LANGUAGE CAMPS REGISTRATION INFORMATION

Student Name \_\_\_\_\_  
last first

Current Age \_\_\_\_\_ Special Needs/Allergies \_\_\_\_\_

Language \_\_\_\_\_ Week Preference \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
last first

Parent Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Emergency Number \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name of person picking up child \_\_\_\_\_

Amount of Payment Enclosed: \$ \_\_\_\_\_

Check\*                      Visa                      MC

Visa/MC#: \_\_\_\_\_ Security Code: \_\_\_\_\_

Visa/MC Expiration Date: \_\_\_\_\_

Name (as it appears on credit card): \_\_\_\_\_

Address (as it appears on credit card statement): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* Please make check payable to **A.C.E. World Language Programs**

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*Important: No child will be released into the custody of anyone not listed*