



A.C.E. World Language Programs

Persian Language Camp Registration Form

For Children Ages 5 to 13

July 26 - August 13, 2010

at First Presbyterian Church of Bellevue,
1717 Bellevue Way Northeast, Bellevue, WA 98004-2853

Classes meet M-F, 9 a.m. to 3 p.m.

MINIMUM PARTICIPANT AGE: Participants must be entering Kindergarten in Fall of 2010

REGISTRATION PROCESS DUE DATE: MAY 31, 2010

Registration is on a first come, first served basis. Registration will continue up to the deadline or until enrollment is filled (which we expect).

FEE: \$500* Please note that lunch is not provided.

* Scholarships are available on a limited basis thanks to support from the Parsa Community Foundation. Please inquire for details on the scholarship application procedure.

Checks or credit cards are accepted - no cash or money orders. Please make checks or credit card payment payable to Associates in Cultural Exchange.

APPLICATION REQUIREMENTS:

1. Registration Form (This page)
2. Registration Deposit (50% of Fee) – this will hold your child's place until July 12 when the balance is due.
3. Until May 31st, you may withdraw and will receive a 50% refund (\$125) of the deposit. The deposit cannot be refunded after May 31st.

Please mail registration form, \$250 check/credit card payment for the registration fee to the address below. Please make check payable to **A.C.E. World Language Programs:**

A.C.E. Persian Language Camp
200 West Mercer Street, Suite 108
Seattle, WA 98119

For more information, please contact MaryKay Speight by email at wlp@cultural.org or by phone at (206) 217-9644 extension 201.

PERSIAN LANGUAGE CAMP REGISTRATION INFORMATION

Student Name _____
last first

Current Age _____ Special Needs/allergies _____

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**

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