

CAMP CTA



Hey Moms and Dads!

Give your children an exciting, entertaining experience, and bring them with you to Los Angeles!

While you're attending meetings, your children can enjoy their own Convention Camp, organized by ACCENT on Children's Arrangements, Inc., a national company specializing in children's activities. Camp CTA is a complete morning to early evening entertainment program packed with activities for children ages 6 months* to 16 years. **All children must be pre-registered to ensure proper staffing levels.* Children participate in age-appropriate activities, including arts and crafts projects and active games, in a safe, nurturing, and educational environment. The high ratio of caregiver to child (**1:2 for children 6 months-12 months, 1:3 for children 13 months-2 years, 1:5 for children 3-5 years, and 1:8 for children 6-16 years**) ensures campers receive lots of personal attention. Program will include lunch and dinner on Friday, as well as breakfast and lunch on Saturday and Sunday, afternoon snacks and juice, entertainment, and craft materials.



Please register online today at www.accentregister.com/register/campctaoc19

You can also complete the registration form on the next page and return it by fax or mail to:

Camp CTA/ACCENT on Children's Arrangements, Inc.
615 Baronne Street, Suite 303, New Orleans, LA 70113
Phone :(504) 524-1227
Fax :(504) 524-1229
E-mail: jadams@accentoca.com
Contact: Jonni Adams

Camp CTA Childcare Registration Form



Los Angeles, CA. October 25-27, 2019

Space is limited - Register NOW! Register Online at:
www.accentregister.com/register/campctaoct19



CAMP CTA– Welcomes children ages 6 months* – 16 years. *Children 6 months- 18 months must be pre-registered to ensure proper staffing levels. Children participate in age-appropriate activities including arts and crafts projects, active games and much more in a safe, nurturing environment. CTA provides lunch and dinner on Friday and breakfast and lunch Saturday and Sunday for the children. Parents can also bring meals to the center if needed. Lunch is served from 12:00pm-1:00pm and dinner is served from 6:00pm-7:00pm.

REGISTRATION: To assure that your child has a place, please pre-register by Monday, October 21, 2019. 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.

NOTE: For the safety and security of your child(ren), the CTA/ACCENT has the right to refuse care to any child based on space availability and appropriateness. The CTA/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 does not administer medication and any child who is ill will not be admitted to the center.

Are you a CTA Staff? _____

PLEASE PRINT

Day/Date	Times	Check-in Time	Check-out Time	TOTAL HOURS
FRIDAY October 25	10:00 AM – 10:00PM			
SATURDAY October 26	7:00 AM – 6:00 PM			
SUNDAY October 27	7:00 AM – 5:00 PM			

Person with a disability. Please check here if you require special accommodations. We will contact you.

Child's Name _____ Age _____ Sex _____ Birthdate _____

Child's Name _____ Age _____ Sex _____ Birthdate _____

Child's Name _____ Age _____ Sex _____ Birthdate _____

The child(ren) named above will be released ONLY to the person(s) signing this application.

Father/Guardian Full Name _____ Signature _____

Mother/Guardian Full Name _____ Signature _____

Address _____ City _____ State _____ Zip _____

Cell Phone () Fax () E-Mail: _____

Register Now

BY FAX
 Credit card only
 Fax both sides
 24 hours a day

BY MAIL
 Accent on Arrangements, Inc.
 615 Baronne Street, Ste. 303
 New Orleans, LA 70113

BY INTERNET
www.accentregister.com/register/campctaoct19

QUESTIONS?
 Please call (504) 524-0188
 email registration@accentoca.com



I/we, the undersigned parent(s)/guardian(s), in consideration of ACCENT on Children's Arrangements, Inc. ("ACCENT") providing the children's activity programs for our child(ren), at the California Teachers Association ("The Association/State Council of Education Meeting in Los Angeles, CA October 25-27, 2019, as designated below, do for myself/ourselves, my/our heirs, executors, administrators and assigns, hereby release and discharge ACCENT and the Association, its officers, directors, employees and agents, from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever, which may arise from my/our child(ren)'s presence in the children's activity programs except for gross negligence or willful misconduct on the part of ACCENT's officers, directors, employees or agents.

Furthermore, I/we agree to indemnify and to hold ACCENT and the Association/Association and ACCENT are not responsible for acts caused by the willful misconduct of the youth. By signing this waiver I/We acknowledge that I/We will provide a cell phone number that we will be available at all times while my child is in ACCENT's care. I/We hereby recognize and accept ACCENT's policies.

_____	_____
(Child's Name)	(Age)
_____	_____
(Child's Name)	(Age)
_____	_____
(Child's Name)	(Age)

Our child(ren) has/have the following allergies, language and/or special needs:

Since this is a group care center, does your child have experience with group care? ___ Frequently ___ Seldom

PLEASE NOTE: Children who have fever or any communicable disease will not be accepted in the Children's Activity programs. The Association/Association/ACCENT has the right to refuse care to any child based on space availability and appropriateness

We have read the above and understand this release. Furthermore, in the event of an emergency, the Association/ACCENT has our permission to administer first aid or obtain emergency medical treatment in our child's best interest. We agree to pay all expenses incurred due to an emergency involving our child. 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.

_____	_____
(Signature, Parent or Guardian)	(Signature, Parent or Guardian)

_____	_____	_____	_____
(Address)	(City)	(State)	(Zip)

_____	_____
(Cell Phone)	(Cell Phone)

This waiver is mandatory for participation in children's activity programs conducted by ACCENT on Children's Arrangements, Inc. 615 Baronne Street Suite 303, New Orleans, LA 70113