

2017 北加州天樂語文學校/中文學校聯合會 **雞年** 青少年夏令營 報名表

San Mateo County Chinese School/ANCCS **Rooster** SummerCamp 2017

E-mail: gics94010@gmail.com; Tel: 650-867-6228, 650-867-1581, 650-692-9166, Please circle one or more on the following weeks.

1. Special Week 1 7/17-7/21, Camp Site: College Park Elementary School in San Mateo 10:00am to 4:00pm
2. Special Week 2 7/24-7/28, Camp Site: Mills High School in Millbrae 10:00am to 4:00pm
3. Week 6/19 to 8/21 except Special week 1 & 2, Camp Site: Great Joy Service Center, Burlingame 10:00am-4:00pm, on what weeks your child (ren) attend _____

Registration & Emergency Form one registration form per student

Student Name, Last _____ First _____ 中文姓名 _____

Address 地址 _____

Date of Birth: _____ English Grade in Sept. 2017 _____ Gender: M / F

Chinese School Attending _____ T-shirt T 恤尺寸 Child S M L XL

Mother's name _____ 中文姓名 _____ Home phone () _____

E-mail _____ Work phone () _____ Cell phone () _____

Father's name _____ 中文姓名 _____ Home phone () _____

E-mail _____ Work phone () _____ Cell phone () _____

Emergency Contact name _____ phone () _____

Insurance Company 保險公司 _____ Policy Number 保險號碼 _____

Physician 醫生 _____ Phone () _____

Any medical conditions/allergies/diet/special needs for your child _____

Parent Volunteer (Optional) _____ Hours Mon, _____ Tue, _____

Wed, _____ Thur, _____ Fri, _____

Tuition: \$200 per week and Registration fee: \$20. Total \$220.

報名費恕不退費。學雜費退費一星期前。Registration fee is not refundable.

支票抬頭 Check payable to: San Mateo County Chinese School, Summer Camp

We will send you the confirmation by e-mail once receiving your check and registration form.

接到你的支票, 我們會寄確認信給你。Please mail to: 郵寄地址:

ATTN: Summer Camp, San Mateo County Chinese School; P.O. Box 806, Millbrae, Ca. 94030

2017 SMCCS/GJCS/ANCCS Culture Summer Camp Waiver Statement

I hereby grant approval for my child _____ to participate in this program, and waive all our rights, claims and actions which we may have against SMCCS/GJCS/ANCCS, its Board of Directors, teaching faculties, employees and agents, arising from my child's participation. And also hold San Mateo County Union School District and SM-FC School District harmless. Consent is hereby given to camp staff to seek or give medical aid as required in case of emergency.

Parent or Guardian Signature 簽名 _____ Date 日期: _____

Office Use	Check No:	Amount:	Class assigned:	Comments:
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