

2018 北加州天樂語文學校/中文學校聯合會 **狗年** 青少年夏令營 報名表

San Mateo County Chinese School/ANCCS **Dog** SummerCamp 2018

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

Week 6/18 to 8/20 Camp Site: Great Joy Service Center and School in Burlingame 10:00am to 4:00pm

Cultural Camp: Week 7/16-7/20; Camp Site: TBD ; 10:00am to 4:00pm; Before/After care: Yes No

Please circle on what weeks your child (ren) attend: Week 6/18, 6/25, 7/2, 7/9, 7/16, 7/23, 7/30, 8/6, 8/13, 8/20

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. 2018 _____ Gender: M / F

Chinese School Attending _____ T-shirt Size 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 () _____

Physician 醫生 _____ Phone () _____

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

Tuition: \$220 per week and Registration fee: \$20. Total \$240; **Need Before/After Care: Yes No**

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

2018 SMCCS/GJCS/ANCCS 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 Union High 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. I agree that photographs taken for the SMCCS/GJCS for school purposes including pictures and/or videos published on the school website may be used by SMCCS/GJCS.

Parent or Guardian Signature 簽名 _____ Date 日期: _____

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