

2020 北加州天樂語文學校/中文學校聯合會 **鼠年** 青少年兒童夏令營 報名表

Great Joy/San Mateo County Chinese School/ANCCS **Golden Rat** Summer Camp 2020

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 6/15 to 8/17 Camp Site: Great Joy Service Center and School in Burlingame 10:00am to 4:00pm

Culture Camp: Week 7/13-7/17; Camp Site: College Park Elementary School, San Mateo ; 10:00am to 4:00pm;
Before/After care: Yes No (for extra costs) from 8:00am-10:00am and 4:00pm-6:00pm

Please circle on what weeks your child (ren) attend: Week 6/15, 6/22, 6/29, 7/6, 7/13, 7/20, 7/27, 8/3, 8/10, 8/17

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. 2020 _____ 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: \$240 per week and Registration fee: \$30. Total \$270; Extra Care: \$7/hr. or \$110/week

報名費恕不退費。學雜費一個月不可退費。Registration fee is not refundable; No refund for tuitions one month before camp.

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

2020 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: _____

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