

二零零九年中華文化夏令營報名表
2009 Chinese Culture Camp Registration Form
7/13 - 7/17

*** Please mail the registration form (one per family) and a check to:

Chinese School of Delaware
P. O. Box 1355
Hockessin, DE 19707

Age: 6 to 15 (1st grade to 10th grade)

Parents (or guardian) Information (Please list child(ren)'s information on the back)

Parent's Name (print): _____ Chinese name (if available) _____
Last First

Mailing Address: _____

Telephone: Home (_____) _____ - _____ Work (_____) _____ - _____
Cell (_____) _____ - _____

E-Mail: _____

Medical Insurance? _____ Yes _____ No

Would you like to volunteer? _____ Yes _____ No

Do you need before and/or after school care? Before _____
(Please check) After _____
Mon Tue Wed Thu Fri

Are you a CACC member? _____ Yes _____ No

(Please note: the camper(s) must be your immediate family member(s) to qualify for CACC member's discount)

Payment enclosed: \$ _____ (Please make check payable to: Chinese Culture Camp)

(Please refer to the back page for fees)

No refund unless notified in writing before July 1, 2009. (A \$10.00 processing fee will be charged)

Sponsored by Overseas Chinese Affairs Commission (中華民國僑務委員會), Chinese School of Delaware and Chinese American Community Center (CACC)

Medical Release Form

It is the responsibility of each camper's parent/guardian to provide medical coverage necessary in the event of an accident that requires hospitalization or rehabilitation.

Persons to be contacted in case of an emergency when parents or guardians cannot be reached:

1. Name: _____ Phone: (_____) _____ - _____

2. Name: _____ Phone: (_____) _____ - _____

In the event, parent/guardian and none of the above persons can be reached, I hereby authorize a representative of the Chinese Culture Camp to take my child to a physician or hospital should the need arise.

Parent or Guardian Signature: _____ Date: _____/_____/_____