

2017 CLS Youth Summer Camp Registration Information

Thank you for your interest in attending the 2017 CLS Youth Summer Camp. CLS Summer Camp is a structured, fun filled 5-day program where students learn about Chinese cultural activities, including Chinese folk dance, folk games, arts & crafts, calligraphy, cooking, and music. At the end of the week, there will be a performance for parents and friends to showcase some of what the students learned during camp! No Chinese language experience necessary! Summer Camp will be limited to the first 80 students, based on a first come, first served basis. Register today!

| Date | Monday, August 7, 2017 to Friday, August 11, 2017. | | | | | | | |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| Time | Camp will run from 8:30 AM to 4:15 PM. • Drop Off: 8:15-8:30 AM. • Pick Up: 4:15-4:30 PM *Please note, parents will be charged a \$5 late pick up fee for pick up after 4:30 PM. | | | | | | | |
| Location | West Woods Upper Elementary School 50 Judson Lane Farmington, CT 06032 | | | | | | | |
| Eligibility | Students 6 years old by December 31, 2017 and up are eligible. | | | | | | | |
| Fee Registration | Fee includes snacks and lunch for all 5 days!!! Early Registration- registration postmarked by 6/16/17 or earlier. o \$245 per child o Sibling Discount- \$230 for each additional child Regular Registration- registration postmarked 6/17/17 - 7/20/17. o \$260 per child o Sibling Discount- \$245 for each additional child Completed registration forms with full payment must be postmarked by 7/20/17—Registration postmarked after 7/20/17 will not be accepted. Send the completed registration form with full payment and a copy of your child's birth | | | | | | | |
| Registration | certificate before 7/20/17 to: Chinese Language School of Greater Hartford 123 Apple Hill, Newington, CT 06111 Please make all checks payable to Chinese Language School of Greater Hartford. | | | | | | | |
| Refund | If cancellation notice is received by 7/13/17, a full tuition refund minus the \$50 registration fee will be given. If cancellation notice is received between 7/14/17 -7/20/17, a tuition refund minus the \$100 registration and partial tuition fee will be given. No refund for cancellation notices received after 7/20/17 will be given. | | | | | | | |
| Babysitting | Babysitting will be offered Monday, Tuesday, Wednesday, and Thursday of camp. Babysitting will be from 4:30 – 5:30 P.M. \$5 per child per day. Please complete the babysitting portion of the registration form if babysitting is needed for your child. | | | | | | | |



2017 CLS Youth Summer Camp Registration Form

| Camper Information: First Name | Last Nama | |
|----------------------------------------------------------------|------------------------------|----------|
| | | |
| Chinese Name | | _ Gender |
| Have you studied Chinese before? | □ yes □ no | |
| If yes, what Chinese language program | ns have you participated in? | |
| For how many years? | | |
| Parent/Guardian Information: Parent/Guardian #1 First Name | _ Last Name | |
| Address | City | Zip Code |
| Home Phone | Cell Phone | |
| Email Address | | |
| Parent/Guardian #2 First Name | _ Last Name | |
| Address | City | Zip Code |
| Home Phone | Cell Phone | |
| Email Address | | |
| Emergency Contact Information: Emergency Contact #1 First Name | _ Last Name | |
| Home Phone | _ Cell Phone | |
| Relation to Camper | | |
| Emergency Contact #2 First Name | _ Last Name | |
| Home Phone | _ Cell Phone | |
| Relation to Camper | | |



Pick-Up Authorization:

In addition to the names listed above, I hereby authorize the following persons to pick up my child from camp. If these instructions should change, I will let the camp directors know by advanced written notice.

| First Name | Last Name |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Relationship to Camper | Phone |
| First Name | Last Name |
| Relationship to Camper | Phone |
| Signature of Parent/Guardian | Date |
| Health Form and Waiver: Child's Doctor | Phone |
| Address | |
| Name of Health Insurance Provider | |
| Policy No | |
| Medication | |
| *Please include a physician's note if | medication is necessary during camp |
| Allergies | ······································ |
| coordinator or his/her designee to pro- release the directors, workers and tead Youth Summer Camp from any and all result of personal injuries sustained by activities in the Chinese Language School | nd in case I cannot be reached, I authorize the camp ovide appropriate emergency care. I hereby waive and chers of the Chinese Language School of Greater Hartford claims, damages, costs, actions and causes of action as the y my child as the result of his/her participation in any and all cool of Greater Hartford Youth Summer Camp for the year and is covered by a health insurance plan. |
| Signature of Parent/Guardian | Date |



| P | h | O. | to | 2 | aı | nd | V | i | d | eo | |
|---|---|----|----|---|----|----|---|---|---|----|--|
| | | | | | | | | | | | |

Babysitting

| Photos a During c taken, pl | amp, p | pictur | | | o will be taken. If you do no | ot wish to have your | child's pictures | |
|-----------------------------------------------------|---------------------------------|-------------|-------|----------|----------------------------------------------------------------------------|----------------------|----------------------|---|
| I, CLS You | | | | | rish for my child, | 's pictures to | be taken by the 2017 | 7 |
| CLS TOU | ui Suii | iiiiei | CdIII | ıp. | | | | |
| Camper | T-Shi | irt Siz | ze: | | | | | |
| Please ci | rcle <u>or</u> | <u>1e</u> : | | | | | | |
| Youth | S | M | L | XL | | | | |
| Adult | S | M | L | XL | | | | |
| Monday Camp Fo <u>The fees</u> | like to 8/7 ee: listed | below | Tue: | sday 8/8 | for babysitting for the day B Wednesday 8/9 Check and snack for all 5 da | Thursday 8 | , | |
| Registr | ation | Type | | | Fee | Quantity | Total | |
| Early Registration- | | | | | \$245 for the first child | | \$ | |
| registration postmarked by 6/16/17 | | | | l by | \$230 for each additional sibling | | \$ | |
| Regular Registration- | | | on- | | \$260 for the first child | | \$ | |
| registration postmarked between 6/17/17 and 7/20/17 | | | | | \$245 for each additional sibling | | \$ | |

Total # of Days Babysitting is Needed

CHECK NO.____

Total Amount Enclosed

| Do you need a receipt of the camp fee? | □ yes | □ no | |
|----------------------------------------|-------|------|--|

\$5 per day