

# Wonderland Chinese School / Preschool Summer Camp

## 青青草幼稚园 夏令营

Tel:(510) 525-9666

Fax:(510)559-8886

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<b>CHILD'S INFORMATION</b>				
English Name:		Chinese Name:	Sex: <b>W</b>	
Birth Date:		Language(s) Spoken at Home:		
Home address:		Home Phone:		
Start Date:	End Date:	Total Weeks:	Tuition:	
Start Date:	End Date:	Total Weeks:	Tuition:	
<b>PARENTS INFORMATION</b>				
Mother	English Name:		Chinese Name:	
	Work Phone:		Cellphone:	
	Occupation:	Employer:		
	S.S. No.:	Email:		
Father	English Name:		Chinese Name:	
	Work Phone:		Cellphone:	
	Occupation:	Employer:		
	S.S. No.:	Email:		
<b>EMERGENCY CONTACTS</b>				
Name		Phone numbers		
<b>MEDICAL INFORMATION</b>				
Insurance:		Medical ID:		
Doctor:		Phone:		
<b>2004 SUMMER WEEKS</b>				
Please mark with <b>F</b> for full day, <b>M</b> for morning, <b>A</b> for afternoon <b>X</b> for optional class if your child will attend that week period or class.				
( ) June 14 - June 18	( ) June 21 - June 25	( ) June 28 - July 2	( ) July 5 - July 9	( ) July 12 - July 16
( ) July 19 - July 23	( ) July 26 - July 30	( ) Aug 2 - Aug 6	( ) Aug 9 - Aug 13	( ) Aug 16 - Aug 20
( ) Aug 23 - Aug 27	( ) Art Class	( ) Dance Class	( ) Swimming Class	( ) Martial Art Class
<b>PARENT'S RELEASE FORM</b>				

本人允许我的子女参加柏克利中文学校周末教学活动，若有任何意外发生，本人授权校方人员全权处理。

本人同意学校之收费规定。

I give my permission for my child to participate in the Berkeley Chinese School weekly program and authorize the school personnel to take full charge if any emergency occur.

I agree with Berkeley Chinese School's tuition policy.

**Signature of child's parent or legal guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Program Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_