

SUMMER CAMP - REGISTRATION FORM
2018 Summer Camp Small Classes for Big Learning

Our programs will give your child personalized attention and positive encouragement

	時間 / TIME	*全天 9:00- 4:00	*延長 時間 8:30- 6:00	加時 15分鐘 \$6	午餐 Lunch \$7	旅遊 Trip	自選 課程 Selective Program \$15	合計 AMOUNT
1.	July 03 - July06 (4 days) 水上樂園 / Water Fun					Picnic 野餐	\$	
2.	July 09 - July 13 華夏文化周 / Chinese Culture week						\$	
3.	July16 - July 20 環保小戰士 / Conservation week					Museum 博物館(\$5)	\$	
4.	July23 - July 27 小小廚師(西) / Little Chef (Western)						\$	
5.	July 30 - Aug 03 小小廚師(亞) / Little Chef (Asian)					Framer Market 農場超市	\$	
6.	Aug07 - Aug 10 (4 days) 創意手工藝 / Arts & Crafts						\$	
7.	Aug13 - Aug 17 瘋狂科學 / Crazy Science					Movie 電影欣賞	\$	
8.	Aug20 - Aug 24 形象小顧問 / Style Smart						\$	
9.	Aug27 - Aug 31 朗誦技巧訓練營 / Chinese Speech Training					See u next year party	\$	
Total								

Selective Program** 自選課程**	MON 1	TUE 2	WED 3	THU 4	FRI 5
3:30pm-5:00pm	Intensive Chinese 汉语精读	Swimming 游泳	Tennis 网球	Soccer club 足球	Sewing 手工縫紉

*如果您的子女有過敏或者其它飲食相關的病症，我們建議您自備午餐

If your child has any allergies or medical conditions, it is recommended your child bring their own lunch and snacks

Early Bird Discount(全天 9:00-4:00)/(延長時間 8:00-6:00) Before Apr 30

\$20 weekly discount applied to the third week and thereafter when you sign up for 3 weeks or more

Referral Discount (全天 9:00-4:00)/(延長時間 8:00-6:00) Before Apr 30 - **10% OFF**

OTHER: _____

Parent/Guardian Information

Registration Date: _____

Mother/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation 職業: _____ Home Phone 電話: () _____

Cell Phone 手提電話: () _____ Whatsapp: _____

[] Custodial Parent (If married, mark both parents)

Email: _____

1st Child Information

First Name: _____ M.I. _____ Last Name: _____

孩子中文姓名: _____ Age 年歲: _____

School Name 校名: _____ Grade/Class 年級: _____

Gender: [] Male 男 [] Female 女 Date of Birth(出生日期) 年/月/日: _____

Child's Health Card #: _____

List any existing medical conditions, medication and/or special attention your child may require?
列出您孩子特別病歷, 藥物和/或特別注意事項?

Allergies 過敏: _____

2nd Child Information

First Name: _____ M.I. _____ Last Name: _____

孩子中文姓名: _____ Age 年歲: _____

School Name 校名: _____ Grade/Class 年級: _____

Gender: [] Male 男 [] Female 女 Date of Birth(出生日期) 年/月/日: _____

Child's Health Card #: _____

List any existing medical conditions, medication and/or special attention your child may require?
列出您孩子特別病歷, 藥物和/或特別注意事項?

Allergies 過敏: _____

Emergency Contacts & Authorized Pickup Persons 緊急聯繫人和授權人員:

1st Contact/Pick Up Name 家長姓名: _____ Phone 電話: _____

Relationship to the Child 關係: _____

2nd Contact/Pick Up Name 家長姓名: _____ Phone 電話: _____

Relationship to the Child 關係: _____

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?
有沒有其他有助於我們的管理和教學人員的資訊?

PARENT AUTHORIZATION

No class changes will be allowed after the first day of each term unless approved by the centre.
The Little White House Learning Centre(TLWH) reserves the right to make amendment on the above said regulations when necessary.

I understand to pay the late fee \$1 per minute if no pickup on time.

Early Bird discount only could be applied for summer camp fee, which cannot be used together with other discounts; selective program, lunch fee, and tickets are not included in any discount.
Special arrangements for additional hours can be arranged with the office.

I give permission for my child to be included in any photographs taken while attending TLWH. The photographs may be used for display in the Centre and for outside or community TLWH promotional displays.

I give permission for my child (stated above) to participate in walks outside the school premises with his/her classmates and teacher(s).

I give permission for my child (stated above) to participate in any field trips/events which take place out of school. I understand that I will be notified prior to any school trip.

I have read and understand this consent form and agree to its terms knowingly and voluntarily. I release TLWH, their directors, teachers and staffs from any and all liabilities and waive all claims against them.

I understand that in the event of illness or an accident occurring to my child, TLWH will make every attempt to contact me and/or other parent. If, however, I or other parent cannot be reached, I hereby give TLWH, its Directors, Officers, Agents and Employees authority to act on my behalf in case of an emergency and to take appropriate steps to seek medical attention/have a doctor attend to my child. I also agree to release and indemnify TLWH, its Directors, Officers, Agents and Employees from any and all claims for damages arising from an injury or otherwise related actions to my child as a result of any accident, illness, injury or for any other reason arising from participation in any activities.

I HAVE READ THE ABOVE AGREEMENT, AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR ANY INJURY RECEIVED.

I AGREE TO ASSUME FULL RESPONSIBILITY FOR THE COSTS OF ANY TREATMENT PROVIDED AND ABIDE BY TLWH ROLES/POLICIES.

Print name of Parent: _____ Print name of Child: _____

Parent's Signature: _____ Date: _____

Thank You!