

STUDENT INFORMATION			
Person to be called in an emergency, when parent/guardian can't be reached			
Child #1 Name		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
中文姓名 (Chinese Name)		DOB: _____ / _____ / _____	
Grade:	School Attending (2017-2018)?		
Mandarin Level:	Listening : <input type="checkbox"/> Vocabulary <input type="checkbox"/> Basic Phrases <input type="checkbox"/> Conversational	Speaking : <input type="checkbox"/> Vocabulary <input type="checkbox"/> Basic Phrases <input type="checkbox"/> Conversational	Reading : <input type="checkbox"/> No Experience <input type="checkbox"/> Basic (20 words) <input type="checkbox"/> Advanced (100+)
Main Language at Home : (M:Mandarin, C:Cantonese, E:English, O:Other)			

PARENT INFORMATION			
Person to be called in an emergency, when parent/guardian can't be reached			
Parent/Guardian Name:			
Phone		Email	
Address:			
Street Address	City	State	Zip
Parent/Guardian Name:			
Phone		Email	
Address:			
Street Address	City	State	Zip

EMERGENCY CONTACTS	
Person to be called in an emergency, when parent/guardian can't be reached	
Name	Relation to Child
Phone	Address
Name	Relation to Child
Phone	Address

Mandarin Immersion Summer Science Camp

Camp Fees:

\$400 / session (**Early Bird Rate**) if registration paid before 3/1/2017
\$425 / session (**Spring Rate**) if registration paid before 4/1/2017
\$450 / session if registration paid after 4/1/2017

Extended Care: \$100 / week (8:00-9:00 am, 3:00-6:30 pm)

Multi-Week Discounts: Three (3) or more weeks, take \$25 off for each week.

Sibling Discounts: Take \$25 off per week for second child
(cannot combine with multi-week discount)

Please make checks payable to **Han-Wen School, Inc.**

PLEASE SELECT SESSIONS

Session 1 (June 19 – 23) : Moving on Land

Camp: 9:00am - 3:00pm Extended Care (optional): 8:00am - 6:30pm

Session 2 (June 26 – 30) : Building Buildings

Camp: 9:00am - 3:00pm Extended Care (optional): 8:00am - 6:30pm

Session 3 (July 3 – 7) : Living Things (4-day camp) discounted by \$50

Camp: 9:00am - 3:00pm Extended Care (optional): 8:00am - 6:30pm

Session 4 (July 10 – 14) : Power of Energy

Camp: 9:00am - 3:00pm Extended Care (optional): 8:00am - 6:30pm

Session 5 (July 17 – 21) : Air and Sky

Camp: 9:00am - 3:00pm Extended Care (optional): 8:00am - 6:30pm

Session 6 (July 31 – August 4) : Ocean and Water

Camp: 9:00am - 3:00pm Extended Care (optional): 8:00am - 6:30pm

Session 7 (August 7 – 11) : Stars and Solar System

Camp: 9:00am - 3:00pm Extended Care (optional): 8:00am - 6:30pm

Session 8 (August 14 – 18) : Wizardry and Reactions

Camp: 9:00am - 3:00pm Extended Care (optional): 8:00am - 6:30pm

Session 9 (August 21 – 25) : Lights, Camera, Action

Camp: 9:00am - 3:00pm Extended Care (optional): 8:00am - 6:30pm

MEDICAL	
Please list all known conditions so we can accommodate your camper's needs	
Child's Physician	Phone
Physician's Address	
Child's Dentist	Phone
Dentist's Address	
Hospital Preference	Phone
Insurer Name	Policy #
Do your camper(s) have any medical conditions, allergies, or special needs the staff should know about?	
Does your camper(s) have any behavioral or emotional issues the staff should know about?	
CHILD TEMPERAMENT	
What is your child's nature in a group setting?	
What is your child's nature when alone or with family?	
What makes your child angry?	
What are your child's favorite activities?	
Is there any other information about your child that would be helpful for staff to know in order to take better care of your child?	



2017 Summer Camp Application

暑假夏令營申請表格

Parent Authorization Agreement

I am the parent/guardian of _____

With my signature below, I agree to pay the camp fees in accordance with the fee schedule above. I understand that there is a \$35 fee for returned checks.

All students must be signed out each day on the sign-out sheets.
Late pick up after 6:30pm, a charge of \$1 per minute will apply.

The undersigned, in consideration of participation in the classes and activities, agrees to indemnify and hold Hanwen School, its contractors, employees and volunteers, harmless and release them from liability for any injury which may be suffered by the individual(s) registered at Hanwen School, arising out of, or in any way connected with participation in the classes and activities. I give my consent for emergency medical or dental treatment, including transportation to the nearest emergency aid facility, if my child is injured.

I HAVE READ THE ABOVE AGREEMENT, AND FULLY UNDERSTAND. I GIVE PERMISSION TO HANWEN SCHOOL FOR ANY NECESSARY MEDICAL CARE TO BE GIVEN TO MY CHILD(REN) IN CASE OF AN EMERGENCY/ACCIDENT. I AGREE TO ASSUME FULL RESPONSIBILITY FOR THE COSTS OF ANY TREATMENT PROVIDED AND ABIDE BY HANWEN SCHOOL RULES/POLICIES.

I hereby allow my child(ren) to participate in the

Hanwen School Summer Science Program(s).

Print Name

Signature

Date

***Terms and Conditions:** Camp fees are due at time of registration. There is a cancellation fee of \$100 for each cancelled session. Camp sessions are not transferable to other customers.*

Email completed registration form to registration@hanwenschool.org

We will contact you to process payment within 48 hours.
Camp rate is based on when payment is authorized by parent.