

东方中文学校 Dongfang Chinese Education Institute – 学生注册表 Student Registration Information

2016Dongfang@YMCA 中文夏令营

• Website: www.dongfangchinese.org • TEL: (773)368-2578 • E-mail: info@dongfangchinese.org

学生中文姓名 _____ 学生英文姓名 _____ 就读学校 _____
 Student Chinese Name: _____ Student English Name: _____ Current School Name: _____

监护人及住家联络资料 Legal Guardian & Emergent Contact: (Please fill in the Legal Guardian Name for students age of 17 and younger.)

监护人中文姓名: _____ 监护人英文姓名: _____
 Guardian Chinese Name: _____ Guardian English Name: _____

电话 Phone: _____ 电子邮址 E-mail: _____

住家地址 Address: _____ 城市 City: _____ 州 State: _____ 邮区 ZIP: _____

紧急联络 Emergent Contact:

紧急联络中文姓名 _____ 紧急联络英文姓名 _____
 Emergency Contact Chinese Name: _____ Emergency Contact English Name: _____

紧急电话 Emergency Phone: _____ 电子邮址 E-mail: _____

Payment policies: I agree that a **deposit** of \$200 per camper is required at time of registration. Early registration (by April 30, 2016) with full payment will have discounts: - \$30 (4 weeks) -\$15 (2 weeks). I agree to pay the balance on or before June 30, 2016 to ensure the space. Dongfang reserves the right to cancel enrollment if not paid in full by June 30, 2016. After June 30, all fees are to be paid in full at time of registration. I further agree to allow my child to be used in any promotional photography (newsletter, brochure, school web, etc.). **Deposits of \$200 are not refundable after June 11, 2016. All camp fees are due in full by June 30, 2016.** Prorated refunds will be considered for serious medical reason only.

夏令营 开始: August 08 (08/08/2016) to September 02 (09/02/2016)
 上课地址: drop off 7:30 am -----Delay City College, 2800 South Western Ave., Chicago, IL 60608
 下课接送: pick up 5:30 pm -----YMCA , 2700 South Western Ave., Chicago, IL 60608

Administrator use only
Amount Paid date

		Pay full by April 30		
August 8 to September 2 (4 weeks)	SESSION A , 4 weeks	\$780	-\$30	
Any 3 weeks	SESSION B, 3 weeks	\$610	-\$20	
Any 2 weeks	SESSION C, 2 weeks	\$415	-\$15	
TA volunteer (14 to 18)	Application procedure is required	free		
Sibling discount	\$10 for session B or C, \$20 for full program	-\$10 or - \$ 20		
One week special	一周特殊项目	\$240		
Registration fee (city college)			\$10	
签字 Signature:	日期 Date:	总计 Total:		

Make check payable to: Dongfang Chinese School
Mailing address: Dongfang Chinese School, 4253 W. Montrose Ave, Chicago, IL 60641

东方中文学校 DONGFANG CHINESE EDUCATION INSTITUTE (DCEI)

2800 S, Western Ave. Chicago, IL 60608, West Side Technical Institute, WSTI of Richard J. Daley College (773)368-2578

Student information and Release Form

*Note: This form must be filled out in its entirety modification or participants will be denied

Student Name

Street Address, Apt (Unit)

City, State, Zip Code

Primary Contact

Name (Parent/Legal Guardian if student is a Child)

Day Phone

Evening Phone

Relationship to Student

Secondary Contact

Name (Parent/Legal Guardian)

Day Phone

Evening Phone

Relationship to Student

Student Special needs, such as Allergies/Medications

Agreement to participation

I hereby give permission for my child to participate in classes and activities. I fully assume all responsibility for injuries he/she may receive in all activities and hereby release DCEI and the employees from the liability from the injury I or my child(ren) may sustain.

I understand that this form is due the first day of class or my child will not be admitted. I have read and agreed to all the information contained in the above agreement and have filled out emergency information on my child(ren).

Signature (Parent/Legal Guardian)

Date

M / F

Gender

Birth date

Emergency Information

Participant's Physician / Hospital Name

Phone Number

Insurance Company

Policy Number

In the event of a medical emergency, I hereby authorize and give my consent to DCEI personnel to secure from any accredited hospital, clinic, and or physician any treatment deemed necessary for my child's immediate care. I agree that I shall remain responsible for any and all expenses incurred for such emergency medical care and treatment.

Signature (Parent/Legal Guardian)

Date

Who is permitted to pick up your child(ren)? Your child(ren) will only be released to listed person(s). Anyone picking up a child must present a picture I.D.

Name

Relationship to child

Name

Relationship to child

Name

Relationship to child

Is anyone prohibited from picking up your child(ren)?

Yes

No

If yes
who? _____

Name

Relationship to child

I understand my child(ren) must be picked up daily by the assigned time or a \$5 fee per 10 minutes late fee will be assessed. Warning: Repeated late pick-up (more than twice) will result in the expulsion of your child from the program.

Signature (Parent/Legal Guardian)

Date

*This form is subject to change without notice