

2018 Princeton Chinese Language School SUMMER CAMP

報名表 APPLICATION FORM

DATE : 8/20/2018 - 8/24/2018

ADDRESS : YingHua International School

25 Laurel Ave, Kingston, NJ 08528

學生中文姓名:		Student Name:	
Date of Birth: (生日)	/ /	Sex: (性別)	<input type="checkbox"/> Male (男) <input type="checkbox"/> Female (女)
就讀中文學校: <input type="checkbox"/> 普林斯頓中文學校 PCLS <input type="checkbox"/> _其它 Others			
School _____			
Home Address:			
Home Phone:			
父親中文姓名:		Father's Name :	
Work Phone :		Mobile Phone :	
母親中文姓名:		Mother's Name :	
Work Phone :		Mobile Phone :	
緊急情況聯絡人 (Emergency Contact) :			
聯絡人電話(Phone) :			
報名費用每人 Summer Camp Fee: \$250 per person			
每人應付費用總計 Total Amount Paid: \$_____ per person			
支票抬頭請開 Please make check payable to : PCLS			
是否願意幫忙營務? <input type="checkbox"/> 願意: 日期			
EMAIL : _____			
報名日期: 即日起至七月一日止			
六月五日以前報名免繳報名費\$30元.			
每家庭第一人 \$250元, 第二人以上均\$225元			
延長看顧每人另加\$30元 (5:00PM - 5:45PM), 逾時未接者, 每十五分鐘收\$20元.			
6/5/18 及以前取消報名者, 扣收續費\$30元; 7/3/18 及以後取消報名者, 概不退費. No refund after 7/3/18.			

Registration Period Current until July 1st, 2018

Cost Registration fee: \$30 per child (registration fee will be waived before June 5, 2018
Same family, first child \$250, \$225 for 2nd. 3rd etc/

Extended pick up time: \$30 per child (5:00PM - 5:45PM),
After 5:45PM, each child will be charged with \$20 per 15 minutes.

Medical Information: The attached form must be filled out by you (1st part) and your physician (2nd part), please also list all known allergies and medical conditions here:

Medical Insurance Carrier: _____

Policy No./Group ID: _____

Release of Liability Statement:

In consideration of the activities at YingHua International School, sponsored by the Princeton Chinese Language School, it is hereby understood and agreed that the said Princeton Chinese Language School, will not be held responsible for any injury or accident sustained by a member of our party or anyone else.

Emergency Medical Release: I give my son/daughter to participate in all activities except as I may have excluded in writing. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my full permission to the teacher or members in charge to secure medical treatment for my son/daughter should the need arise.

Signature of Parent/Guardian: _____ Date: _____

Name of Signing Parent/Guardian (Please Print) _____

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Medical History / Immunization Records 健康檢查表

The upper part to be filled in by parent/guardian or adult campers/staff members themselves

Name: _____ Date of Birth: _____ / _____ / _____ Sex: _____
First Initial Last Month Day Year

Father/Guardian: _____ Mother: _____

Address: _____

Phone: (Home) _____ (Work) _____
Father/Guardian Mother

Emergency Contact (Please give name, address and daytime phone of two persons other than parent/guardian)

Name: _____ Name: _____

Daytime Phone: _____ Daytime Phone: _____

Medical History (checks and gives dates)

Asthma	_____	Diabetes	_____	Mononucleosis	_____
Bleeding disorder	_____	Heart disease	_____	Psychiatric treatment	_____
Chicken pox	_____	Hypertension	_____	Recurrent ear infection	_____
Convulsions	_____	Kidney disease	_____	Others	_____

Past surgical history: _____ Family medical history: _____ Allergies: _____

Physician: _____ Phone: _____ Dentist: _____ Phone: _____

The lower part to be filled by Physician

Immunization Records

DPT _____

HIB _____

OPV _____

Hepatitis B _____

Physical Examination

Ht. _____ Wt. _____ B.P. _____ P _____ T _____

HEENT _____ Lungs _____ Heart _____ Abd _____ Back _____ Ext _____ Neuro _____

I have examined the person described and have reviewed his/her medical history.

He/She is ___ is not ___ with restrictions _____ to participate in camp activities.

Medication or special diet while in the camp _____

Licensed Physician's Signature _____ Date _____

Address _____

Phone _____