



# Southern Connecticut Chinese School

## 南康中文学校

[www.ynhchineseschool.org](http://www.ynhchineseschool.org)

Southern Connecticut Chinese School  
P.O. Box 2097 74 Washington Ave  
North Haven, CT 06473

### Summer Section 2014 Registration Form

Student's Name (Last, First): \_\_\_\_\_ Chinese Name: \_\_\_\_\_

Gender: \_\_\_\_\_ M \_\_\_\_\_ F Age (By July 1, 2014): \_\_\_\_\_

Current Chinese School Grade: \_\_\_\_\_ (By May 13, 2014)

Name of the current SCCS Chinese school teacher (By May 13, 2014): \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ zip code \_\_\_\_\_

Parent or Legal Guardian Name (Last, First) \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

Camp session 1: August 11-15 \$250 Yes \_\_\_\_\_ No \_\_\_\_\_

Do you need Pre-camp (8-9am) or/and After camp (4-6pm) \$40? Yes \_\_\_ No \_\_\_

Camp Session 2: August 18-22 \$250 Yes \_\_\_\_\_ No \_\_\_\_\_

Do you need Pre-camp (8-9am) or/and After camp (4-6pm) \$40? Yes \_\_\_ No \_\_\_

Your Payment \_\_\_\_\_

I, the undersigned parent or legal guardian of the above child(ren) do give my permission and approval for his/her participation in SCCS Chinese School program(s) and therefore, assume all risks and hazards incidental to such participation. On behalf of my child(ren) and family, I freely and voluntarily agree to release, indemnify and hold harmless, the SCCS Chinese School, its directors, officers, administrators, teachers, and volunteers from any liabilities arising from any incident to my child(ren)'s involvement and participation in the school's program(s). I also have read and understand SCCS Chinese School's Admissions Policy, Refund Policy, and Policies and Procedures on the SCCS Chinese School web site (<http://www.ynhchineseschool.org>). I understand that if my child displays inappropriate behavior, he/she (or I) may be dismissed from the program and no refunds will be given.

\_\_\_\_\_  
Parent's (guardian's) signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

### Emergency Contact Information

In case of emergency, please list two responsible adults who could be notified by the school.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ phone: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ city: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or other medical conditions the school should know:

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**Please submit a current copy of Physical or Health Form (as of 8/1/2014; available from your physician). It is required on or before the program start date (8/15/2014).**

#### Payment:

Please mail the registration and payment check to:

Summer Section  
Southern Connecticut Chinese School  
P.O. Box 2097  
74 Washington Avenue  
North Haven, CT 06520

Or deliver registration and payment during Chinese School time in Room: A105

#### For School Official Use:

Registration ID: \_\_\_\_\_

Registration Complete: \_\_\_\_\_

Payment Received: \_\_\_\_\_ Date: \_\_\_\_\_

Registration Incomplete: \_\_\_\_\_

Notes: \_\_\_\_\_

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