



Southern Connecticut Chinese School

南康中文学校

www.ynhchineseschool.org

Summer Program 2016 Registration Form

Student's English Name (Last, First): _____

Chinese Name (if applicable): _____

Gender: _____ M _____ F Age (By July 1, 2016): _____

Current Chinese School Grade: _____ (as of May 15, 2016)

Name of the current SCCS Chinese school teacher (as of May 15, 2016): _____

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 8-12 Yes _____ No _____

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

Camp Session 2: August 15-19 Yes _____ No _____

Do you need Pre-camp (8-9am) or/and After camp (4-6pm)? 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 Summer Program 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, 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 Admissions Policy, Refund Policy, and Policies and Procedures on the SCCS 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:

Please submit a current copy of Physical or Health Form (as of 8/1/2016; available from your child's physician). It is required on or before the program start date (8/8/2016).

Please mail the registration and payment check to:

Summer Program 2015
Southern Connecticut Chinese School
P.O. Box 2097
74 Washington Avenue
North Haven, CT 06473

Or deliver registration and payment during school time in SCSU Engleman Hall A105.

For School Official Use:

Registration ID: _____

Registration Complete: _____

Payment Received: _____ Date: _____

Registration Incomplete: _____

Notes: _____
