



2016 Chinese Language and Culture Summer Camp in Rosemont - Registration Form

(For children ages 3 to 13 years old)

Student General Information (学生信息)

Name:	Birth Year & Month (出生年月):	Age (年龄):
Chinese Name if any (中文姓名):	Grade in Sept. 2016 (年级):	Gender (性别):
Prior knowledge of Mandarin is not necessary but new families please state child's Mandarin ability (if any) on the back. This helps us to teach. →		
Parents' Names (父母姓名):		
Home Address (家庭住址):		
Home Phone (家庭电话):	Email:	
Work Phone (工作电话):	Mobile Phone (移动电话):	

Registrations - Please circle your selections:

Weeks	Full Day or Half Day Full (9am – 3pm) or Half (9am – noon)	Before Care (8am – 9am)	After Care (3pm – 6pm)	Tuition
6/20/2016 - 6/24/2016	\$320 or \$208	add \$50	add \$100	
6/27/2016 - 7/1/2016	\$320 or \$208	add \$50	add \$100	
7/5/2016 - 7/8/2016 (no camp on 7/4)	\$256 or \$166	add \$40	add \$80	
7/11/2016 - 7/15/2016	\$320 or \$208	add \$50	add \$100	
Subtotal Before Discounts				
Discounts (only <u>one</u> of these three discounts can be applied)	10% off for MLCCC Weekend School 2015-2016 School Year Students or 10% off for additional siblings (if siblings enroll for different lengths of attendance, discount applies to the sibling enrolling for the shorter length of attendance) or 5% off for return campers (attended any MLCCC camp last summer for at least 2 weeks)		<input type="checkbox"/> x 0.90 or <input type="checkbox"/> x 0.90 or <input type="checkbox"/> x 0.95	
Registration Fee (per family)	<input type="checkbox"/> \$50 or <input type="checkbox"/> \$0 (waived if deposit submitted or postmarked by 4/4/2016)		<input type="checkbox"/> +\$50 or <input type="checkbox"/> +\$0	
Total				
Deposit	\$100 per week x _____ week(s)			
Total – Deposit = Balance Due (by June 1, 2016)				

Please note: minimum enrollment is needed for a particular week to run.

Please complete your registration form and mail it with deposit (check payable to “MLCCC” to:

Main Line Chinese Culture Center
P.O. Box 94
Wynnewood, PA 19096

**To complete your registration, all parents/guardians must READ the next page, FILL IN the medical portion, and SIGN below:
By signing below, I understand and agree to the policies and releases on the next page of this form.**

Parent/Guardian Name _____ Signature _____ Date _____

www.mlccc.org • 610-308-2624 • 215-490-6074 • Facebook: Main Line Chinese Culture Center



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Registration Fee:

\$50 per family, waived if deposit is submitted or postmarked by 4/4/2016.

Deposit Policy:

\$100 per week. Deposit is required for each child at registration time.

Deposit is fully refundable if withdraw by 4/4/2016. After 4/4/2016, deposit is non-refundable.

Policy on Switching Weeks, Changing Pick Up Times, or Adding Weeks (If Space is Available):

Before or on 6/1/2016, no cost to switching weeks, changing pick up times, or adding weeks.

After 6/1/2016, a \$5 fee per child, for each switch of weeks, change of pick up times, or addition of weeks.

Note that policy on reducing number of weeks or withdrawing completely is specified below.

Policy on Reducing Weeks or Withdrawing Completely:

- If you reduce or withdraw **BY 4/4/2016**, you will receive a full refund of your payment.
- If you reduce or withdraw **AFTER 4/4/2016 but BEFORE you start to attend camp**, you will receive a refund of your payment minus your deposit.
- If you reduce or withdraw **AFTER you start to attend camp**, you will receive a prorated refund minus your deposit.

Referral Bonus Policy:

Referral Bonus: \$25 bonus will be given for each new camper referred (from different family) who registers for at least 2 weeks (new = have not attended any of our camps before). There is no limit on the number of referrals.

Release of Liability:

In consideration of the activities at [Rosemont School of the Holy Child, 1344 Montgomery Avenue, Rosemont, PA 19010](#), I understand and agree that MLCCC, Rosemont School of the Holy Child, its officers, teachers, volunteers, and staff, will not be held responsible for any injury sustained by any member of my party, or, for the loss of any property belonging to any member of my party.

Image/Name Usage Release:

I hereby grant MLCCC the right to use my child's name and image for promotional, news, or public relations purposes in print and/or in electronic media.

Medical Information:

1. When parents cannot be reached, list one person who may be contacted to pick up the child in an emergency:

Name _____ Relationship to child _____ Cell _____

2. List child's physician _____ Phone _____

3. In EMERGENCIES REQUIRING IMMEDIATE MEDICAL ATTENTION, I authorize my child to be taken to the nearest hospital emergency room.

4. If your child has medical condition(s) which might require emergency medical care,
(1) Describe the condition(s), including allergies, and medications currently taken if any:

(2) Signs/symptoms to look for:

(3) If signs/symptoms appear, do this:
