



哈特福中文學校

Chinese Language School of Greater Hartford

http://cls-ct.org cls_ct@yahoo.com (860).461.4507

2009 CLS YOUTH SUMMER CAMP APPLICATION FORM

Name (in English) _____ (in Chinese) _____ Gender _____

Address _____ Date of Birth _____

Parent 1 Name _____ Home Phone _____
(Guardian 1) _____ Work Phone _____

Email _____

Parent 2 Name _____ Home Phone _____
(Guardian 2) _____ Work Phone _____

Email _____

Camp Fee		Quantity	Total
Early Registration - Application received by 5/31/09	\$ 175 including lunch for the first child \$ 150 including lunch for each additional sibling		
Regular Registration – Application received by 6/30/09	\$200 including lunch for the first child \$175 including lunch for each additional sibling		
T-shirt for student	S M L XL(circle one size)	1	free
Extra T-shirt order	\$ 10 for each S		
	\$ 10 for each M		
	\$ 10 for each L		
	\$ 10 for each XL		
Total			

Please mail the completed application form with a check payable to --

*Chinese Language School of Greater Hartford
Mailbox 702540, 300 Summit Street, Hartford, CT 06106*

Pick up time is 4:15-4:30PM every day. Parents will be charged \$10 for picking up their children between 4:30-4:45PM, and \$30 for picking up between 4:45-5:00PM. The late pick-up charges collected will be put into a pool to pay for the end-of-camp party for counselors and volunteers.

Volunteer: I can volunteer on the following days and times:

	Mon	Tues.	Wed	Thu.	Fri
	7/6	7/7	7/8	7/9	7/10
From Hour:	_____	_____	_____	_____	_____
To Hour:	_____	_____	_____	_____	_____

Name _____ Phone _____



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In case of emergency, give names of persons who can be called and are authorized to pick up your child if we cannot reach either parent.

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Pick-up Authorization

In addition to the names listed above, I hereby authorize the following persons to pick up my child from the camp. If these instructions should change, I will let the camp directors know by advanced written notice.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Signature of Parent/Guardian _____ Date _____

Health Form and Waiver

Student's Name (in English) _____ (in Chinese) _____

Doctor's Name _____ Phone (____) _____

Doctor's Address _____

Name of Insurance Company _____ Policy No. _____

Medication _____

(Please include a physician's note if the medication is necessary during the camp)

Allergies _____

In case of serious accident or illness and in case I cannot be reached, I authorize the camp coordinator or his/her designee to provide appropriate emergency care. I hereby waive and release the directors, workers and teachers of the Chinese Language School of Greater Hartford Youth Summer Camp from any and all claims, damages, costs, actions and causes of action as the result of personal injuries sustained by my child as the result of his/her participation in any and all activities in the Chinese Language School of Greater Hartford Youth Summer Camp for the year 2009. In addition I certify that my child is covered by a health insurance plan.

Signature _____ Date _____