

范杜拉中文学校

Ventura County Chinese American Association
Chinese Language School
(A non-profit Organization)

**Chinese Summer Program at
Pleasant Valley Recreation Park District
1605 Burnley Street, Camarillo, CA 93010**

Date: **June 15 – June 26, 2015** (Monday to Friday for 2 weeks)

Time: **8:30AM – 4:00 PM**

Where: **Pleasant Valley Recreation Park District**

Fees: **\$720.00 for Two weeks (10 days, week1: June 15 to June 19; week2: June 22 to June 26)
Or \$375 per week. (All cultural material and light snack included)**

Registration Fee: **\$15.00**

What you will learn: **Fun, interactive, effective and activity-oriented ways to learn the Chinese Language.**

Cultural Activities include: Chinese Calligraphy, Chinese Painting, Games, Paper Cutting, Origami, and much more.

For more information, please contact Ms. Irene Sy at irenesy@aol.com.

Student Information:

No.	Name of Student (Eng)		Chinese Name	Sex (M/F)	DOB (mm/dd/yy)	School Enrolled	Grade Level (2015-16)
	First Name	Last Name					

Home Language: _____ **Student's Mandarin Language Proficiency(% , circle one):** 20 /40 /60 /80 /100

Family Information:

Father's Name : (Eng) _____ (Chinese) _____ Native Language: _____

Mother's Name : (Eng) _____ (Chinese) _____ Native Language: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: (Hm) _____ Cell: _____ Email: _____

Session enrolled (Please circle one): Week 1 (6/15-6/19); Week 2 (6/22-6/26); 2 Weeks (6/15 – 6/26/15)

Payment per child (Please circle one) : One Week - \$375 ; Two Weeks - \$720

Registration Fee: \$15.00 per child

Total Payment (by check or cash only): \$ _____ /Child ;

Total Amount Paid ==>\$ _____ (Check # _____ / cash)

Make checks payable to: VC Chinese Language School

Please drop envelopes of your registration to Ms. Sy in Chinese School or Mail to:

VC Chinese Language School
Summer Camp 2015
P.O. Box 806
Camarillo, CA 93011-0806

<i>For Office Use Only</i>	
Received check# / Cash. Amt.	
Date Received	

Release of Liability

We/I, the parents/parent/guardian of _____ do hereby release the Chinese Language School of Ventura County, its teachers, paraeducators, administrators, and parent helpers of all liability associated with the Chinese Language School of Ventura County. We realize that the school is a non-profit organization and do not hold the above mentioned persons and organization liable for any accident or for any other reason that may cause injury or other effects to my child while attending the Chinese Language School of Ventura County classes, programs, activities or events. I also understand that during school activities, my child/children and/or my family members' image may be taken for educational and memoir purposes.

Signed _____ Date _____

Audio/Video/Photo Waiver/Release Form

I hereby grant irreversibly the Ventura County Chinese Language School the right to use and reproduce any and all photographs, video clips, and/or audio clips taken of my child/children/me in any form whatsoever for use in the school's newsletters, brochures, web sites, flyers, and in any other publications produced for the aforesaid school and all sponsors of the VCCAA. And, my child can have their picture taken, but do not use or print his/her name. I waive the right to inspect or approve the finished version(s) of such images including written copy that may be created in connection therewith. Consent is also granted for any use of my name in any part of those publications listed above.

I have read this document and am fully aware of the consent and implications, legal, and otherwise.

Please print the following:

Student name/signature: _____

Address: _____ Date _____/_____/_____
City, State, and Zip (Month) (Date) (Year)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases.

Signature of Parents or Guardian if under 18 Date _____/_____/_____
(Month) (Date) (Year)

Allergies and medical information:

Name of student: _____ Allergies: _____

Medication: _____ Other medical information: _____

Others

* I acknowledge that I will be charged \$15 for every 15 minutes that I am late picking up my child at the end of the day during the entire program. _____ (Initial)