

FromOne Summer Camp Registration Form

源壹中文夏令营报名表

学生信息 Student	中文姓名 Chinese Name	英文姓名 Official Name in English	出生年月 M/D/Y Date of Birth	性别 Sex	药物及食物过敏(Allergy)					
父母/监护人姓名 Name of parent/guardian	姓名 Name	电话 Phone		Email:						
	姓名 Name	电话 Phone		Email:						
家庭住址 Home Add.					邮政编码 Post Code					
紧急联系人 Emergency contact	姓名 Name	电话 Cell								
家庭医生 Family Doctor	姓名 Name	电话 Phone		健康卡 Health Card #						
Medication(s) taken / Allergies										
参加夏令营的周数 (打钩✓)		第一周 Week1 Jul. 04-08	第二周 Week2 Jul. 11-15	第三周 Week 3 Jul. 18-22	第四周 Week 4 Jul. 25-29	第五周 Week5 Aug. 02-5 4天	第六周 Week 6 Aug. 08-12	第七周 Week 7 Aug. 15-19	第八周 Week 9 Aug. 22-26	
付款方式 Payment	现金 Cash	支票 Cheque		EMT Chenlily93@gmail.com		Amount 数额				

1.The personal information contained on this form is under the authority of the Freedom of Information and Protection of Privacy Act for the purpose of participating on the camp.

2.Parents/Guardians hereby acknowledge that the School is not free of allergens. I/We understand that my child may inadvertently come into contact with a substance he/she maybe allergic to and that such contact may cause an allergic reaction. I understand that there are certain risks of allergen contact that are inherent in a school setting.

3.Transportation to and from the school is the responsibility of the Parents/Guardians.

4.The Centre reserves the right to make such rules and regulations in the operation of the school as it deems appropriate and it is a condition of acceptance that these rules and regulations be reserved.

I have read and understood the terms of contract, the methods of payments, and the policies of the school as outlined. I hereby agree to all the terms and conditions stated therein.

Date: _____ Parent/Guardian Name (please print): _____

Signature: _____