



阶梯中文学校

2017 Summer Camp Registration Form

Please make check payable to: SSEA, drop it off onsite or mail it to: P.O Box 861, Belmont CA 94002

This is the only document we have to get a hold of you in an emergency, please write legibly and print double-sided!

Child's Name: _____ Age: _____ Birthdate: _____

Address: _____

Grade ENTERING INTO in 2017-2018: _____ Primary Email: _____

Parent/Guardian: _____ Cell Phone: _____ Work Phone: _____ Home Phone: _____	Other Parent/Guardian: _____ Cell Phone: _____ Work Phone: _____ Home Phone: _____
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Sessions	Session 1 Jun.19-23 Tennis	Session 2 Jun.26-30 Tennis	Session 3 Jul.10-14 Tennis	Session 4 Jul.17-21 Chess	Session 5 Jul.24-28 Chess	Session 6 Jul.31-Aug.4 Abacus&Math	Session 7 Aug.7-11 Abacus&Math	Session 8 Aug.14-18 Abacus&Math
Full Day 8am-6pm \$250/Session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Half Day 8-1pm \$160/Session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Half Day
Half Day 1pm-6pm \$160/Session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Field Trip	Safari Run \$20	No Field Trip \$0	Coyote Point Park \$10	Aviation Museum \$20	La Petite Playhouse \$20	Pump It Up \$20	Coyote Pointe Park \$10	Stanford University \$20

Persons Authorized to Pick-Up Child (at least 2 Names)

Please provide the names and contact information for all persons you are authorizing to pick-up your child from camp. All persons authorized to pick up your child must be 18 years or older and must be prepared to show a valid picture ID. If we cannot contact a parent we will use this list to contact in case of emergency.

Name: _____ Contact#: _____ DL#: _____

Name: _____ Contact#: _____ DL#: _____

Name: _____ Contact#: _____ DL#: _____

Cancellation Policy

- Full refund if cancellation occurs 30 days prior to the camp session starts
- \$100 forfeited and the balance will be refunded if canceling 2 weeks before the camp session starts
- No refund if cancellation occurs within two weeks of the camp session starts
- No credit for any missing days

Medical Information:

Preferred Hospital: _____ Doctor's Name: _____

Medical Card/Policy #: _____ Doctor's Phone #: _____

Consent for Medical Treatment:

I do hereby authorize that all of the above information is correct and that my child is fully able to participate all summer camp activities without need of individual or specialized attention or medical regimen. I agree to notify SSEA Summer Camp of any changes in my child's physical or mental health between the dates of enrollment and the start of the camp as well as during camp. I hereby consent and authorize the administration of all medical treatments advisable or necessary under the judgment of the camp staff, emergency room physicians or any other clinical physicians with the understanding that I will be notified as soon as possible.

Name: _____ Relationship: _____

Signature: _____ Date: _____ Phone: _____

Any medical concerns, asthma, dietary needs, limitations or medications, please give specific information:

Allergies or Reactions to Medicines/Foods/Other Agents

List of Allergies or Reactions to Medicines/Foods/Other Agents	Reaction or Side Effect	Medication Needed or Special Instructions

Remember **We Are NUT FREE!!!!**

Waiver & Release of Liability:

DO NOT SIGN THIS DOCUMENT BEFORE YOU READ IT AS IT CONTAINS A WAIVER AND RELEASE OF LIABILITY TO WHICH YOU WILL BE BOUND!

I agree that my participation in the Stepping Stone Enrichment Academy's Summer Camp Program is voluntary and that I assume all risk of injury, illness, damage or loss to me or to my property that might result from my participation. I further agree (on behalf of myself and my family members, personal representatives, heirs, executors, administrators, agents and assigns) to release and discharge the Stepping Stone Enrichment Academy and its staff members, volunteers, and agents, from any and all claims, liabilities, loss, penalties, expenses and costs (including attorney's fees), or causes of action (known or unknown) (collectively, "liability") arising out of my participation.

I give the Stepping Stone Enrichment Academy permission to use any photos of my child for promotional purposes.

I acknowledge that I have carefully read this waiver and release and I fully understand that, by signing below, I am waiving any right that I may have to bring a legal action or assert a claim against the Stepping Stone Enrichment Academy for negligence.

Date:

Signature: