

# Fame Well School

## 2022 Summer Camp Registration Form

### 1<sup>st</sup> child Information

Full Name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Grade after summer: \_\_\_\_\_ School: \_\_\_\_\_

Does this child have special needs or allergies? (If yes, explain): \_\_\_\_\_

Will this child learn Chinese?  Yes  No If Yes what level this child will be: \_\_\_\_\_

### 2<sup>nd</sup> child Information

Full Name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Grade after summer: \_\_\_\_\_ School: \_\_\_\_\_

Does this child have special needs or allergies? (If yes, explain): \_\_\_\_\_

Will this child learn Chinese?  Yes  No If Yes what level this child will be: \_\_\_\_\_

### Parent/Guardian Information

Mother's Name: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Email: \_\_\_\_\_

### Emergency Contact Information

Emergency Contact Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

### Child's Physician Information

Physician's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Photo Release Authorization**

I  grant  do not grant permission for Fame Well School to use and publish photos of my child on their website, social media, newsletters, etc.

**Attending Weeks**

Please check the following weeks your child(ren) will attend:

<input type="checkbox"/> Week 1: 5/31-6/03	<input type="checkbox"/> Week 7: 7/11-7/15
<input type="checkbox"/> Week 2: 6/06-6/10	<input type="checkbox"/> Week 8: 7/18-7/22
<input type="checkbox"/> Week 3: 6/13-6/17	<input type="checkbox"/> Week 9: 7/25-7/29
<input type="checkbox"/> Week 4: 6/20-6/24	<input type="checkbox"/> Week 10: 8/01-8/05
<input type="checkbox"/> Week 5: 6/27-7/01	<input type="checkbox"/> Week 11: 8/08-8/12
<input type="checkbox"/> Week 6: 7/04-7/08 (closed on 7/4)	<b>X</b>

**Type of Program**

Please check which type of program your child(ren) will be in:

Weekly Full Day     Weekly Half Day     Daily: M/Tu/W/Th/F

Enrichment programs: Please indicate what classes you will join.     Onsite or  Online

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**T-shirt Size**

Youth Extra Small     Youth Small     Youth Medium     Youth Large     Youth Extra Large

**Liability Waiver**

I, \_\_\_\_\_, as the legal guardian of the child above, hereby waive and release Fame Well School and their childcare staff, teachers, organizers, and director from liability as a result of personal injury or property damage occurring while the above child/children is/are in their care at Fame Well School. I promise not to file a lawsuit or sue releases on my behalf or on behalf of my child regarding any claim arising from or related to my child’s participation in any Fame Well School’s programs. I understand that no insurance coverage for participants in any activities or field trips is provided by Fame Well School. I have read this release carefully before signing. I understand what this release means and what I am agreeing to by signing.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_