

# 2023 LACS Chinese Immersion Summer Camp Application Form

## **PART 1: BASIC STUDENT INFORMATION**

Student's Nam	ne							
First Name	Last Name	Chinese Name (if applicable)	Gender:	Date of Birth (mm/dd/yyyy)	Grade in 2023-24	Chinese grade level (For Office use)		
			☐ Male ☐ Female					
			☐ Male					
			☐ Female					
			□ Male □ Female					
Name of School	in Attendance:							
Home Address: _								
Medical Concerns	s (in any, such as al	lergy, epilepsy, etc.):						
PART 2: EME	RGENCY CON	TACT INFORM	ATION					
Name of Parent/Guardian #1:			Relationsl	Relationship to Student:				
Cell Phone Number:			Home Pho	Home Phone Number:				
Email Address:								
Name of Parent/Guardian #2:			Relationsl	Relationship to Student:				
Cell Phone Number:			Home Pho	Home Phone Number (if different):				
Email Address:								
Physician's Name:			Office Pho	Office Phone Number:				



#### PART 3: PLEASE CHECK THE WEEKS YOUR CHILD WILL ATTEND SUMMER CAMP

Date Time	6/12- 6/16	6/19- 6/23	6/26- 6/30	*7/3- 7/7	7/10- 7/14	7/17- 7/21	7/24- 7/28	7/31- 8/4
8:30-3:30pm								
8:30-6:00pm								

	Fee	# of weeks	Total
8:30am-3:30pm	\$500/week		
8:30am-6:00pm	\$650/week		
Application Fee <sup>1</sup>	\$50/student		
Material Fee	\$150/week		
		Total =	\$

 $<sup>^1</sup>$ The \$50 application fee is waived for current LACS students registering by 4/17/2023

5% discount on tuition for siblings.

*Early Bird:* 5% discount for registering at least 4 weeks by 4/17/2023.

### Camp Location: 1425 Springer Road, Mountain View 94040

#### Registration forms and payments must be submitted to complete the enrollment.

- First-come, first-served: Space is limited, and campers will be accepted on a first-come, first-served basis. However, current students have priority enrollment. Late enrollment can't be guaranteed and will be accepted subject to availability.
- Refunds, Withdrawals and Cancellations:
  Email (summer@losaltoschinese.school) notification is required for all withdraws.
  For withdrawals on or before 5/21/2023, tuition will be refunded at 100%; for withdrawals on or before 6/9/2023, tuition will be refunded at 80%. After 6/12/2023, no refund will be given. Application fee is not refundable. LACS offer no refund, credit nor make-ups for missed classes, unless the camp is cancelled by LACS.
- LACS will enforce a \$50 fee for changing sessions once camp started. \$50 will be charged for all returned check.
- To Apply: Please submit Application packet with tuition and application fees to complete the enrollment. Please make check payable to "Los Altos Chinese School".
  - Applications with payment can be submitted the following ways:
    - 1. Mail to P.O Box 582, Los Altos, CA 94023 or
    - 2. Drop off at the LACS office: 1425 Springer Road, Mountain View, 94040. Office hours: Monday to Friday, 9:30am-6:00pm. Contact phone#: 650-391-5252

<sup>\*</sup>There is no class on 7/4. The tuition for 7/4 will be deduct from the total price.



## PHOTO RELEASE FORM FOR MINORS (IF UNDER 18)

I give Los Altos Chinese School (LACS) has my permission to use my or my child's image and voice in photograph, video, and audio recording to promote the school and all its programs and services. I understand that my and my child's image and voice may be used in print publications, online publications, presentations, websites, social media, and other forms as deemed appropriate by LACS. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

such use.	
Child's name:	
Parent/Guardian Signature:	Date:
	AL RESPONSIBILITY FOR PAYMENT AND TO ABIDE BY LOS
ALTOS CHINESE SCHOOL POLICIE	S:
Regulations included in this registration pack invoice submitted by Los Altos Chinese Scho date and that failure to keep my account curre School Program and my account being sent to included in this registration packet and agree Altos Chinese School Registration Form and child(ren) attending Los Altos Chinese School	bility to read and comply with the Los Altos Chinese School Rules and tet. I understand and agree to accept financial responsibility for the payment of the bool. I understand and agree it is my responsibility to keep my account paid up to ent may result in my child(ren) being denied access to the Los Altos Chinese to collection. In addition, I have read the Los Altos Chinese School Billing Policy to accept all terms and conditions as outlined in these items. I understand the Los Emergency Card(s) must be on file with Los Altos Chinese School prior to my bol. I further understand and agree that my failure to comply with the policies and application or loss of privileges for my child(ren) to attend Los Altos Chinese
Parent/Guardian Signature:	Date:
LIABILITY RELEASE:	
Los Altos Chinese School, its contractors, en contractors, employees and volunteers, and P individual(s) registered at Los Altos Chinese	ation in the classes, activities and pick-up services, agrees to indemnify and hold apployees and volunteers, Park harmless and release Los Altos Chinese School, its Parks from any and all liability for any injury which may be suffered by the School, arising out of, or in any way connected with participation in the classes, my consent for emergency medical or dental treatment, including transportation to d(ren) is injured.
to Los Altos Chinese School for any necess	y understand that I assume all risks for any injury received. I give permission sary medical care to be given to my child(ren) in case of an responsibility for the costs of any treatment provided and abide by Los Altos
Parent/Guardian Signature:	Date: