



Please return this form along registration fee to 1979 28<sup>th</sup> Ave. San Francisco, CA, 94116

**Camper Information 学生信息**

Child's English Name 英文姓名 (Please print clearly on the line above.) Chinese Name (Optional) 中文姓名 Age 年龄 Grade 年级  
Gender 性别:  M  F Mandarin Level 中文水平:  No Background  Beginner  Intermediate  Advanced

**Parent/Guardian Information 家长/监护人信息**

<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.		<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	
First Name (Please print clearly on the line above.)	Last Name	First Name (Please print clearly on the line above.)	Last Name
Home Address		Home Address (if different)	
City, State, Zip		City, State, Zip	
Home Phone	Work Phone	Home Phone	Work Phone
Email Address for Confirmation (please print clearly on line above)		Email Address for Confirmation (please print clearly on line above)	

**Camp Registration(课程及延伸活动): Select the desired sessions and Extensions from the table below.**

Session	Dates	Theme	8:00 ~ 9:00am	4:00 ~ 5:00pm	Daily Schedule
			Morning	5:00~6:00pm	
			Extension	Afternoon Extension	
1 <input type="checkbox"/>	May 31 ~ June 10	Camping Fun (小小探险家)	<input type="checkbox"/>	<input type="checkbox"/>	8:00-9:00 Extended Morning Care 9:00-9:40 Culture Lesson A 9:40-10:00 Recess with snacks 10:00-10:40 Culture Lesson B 11:00-11:50 Enrichment Activities  12pm-1:00 Lunch Time <b>(Please pack your own healthy lunch)</b>  1:00-2:00 Culture Activities A 2:00-2:20 Recess with snacks 2:30-3:30 Culture Activities B 3:30-3:45 Wrap-up for pick-up 4:00-6:00 Afternoon Extended Care
2 <input type="checkbox"/>	June 13 ~ June 24	The Little United Nation: (小小联合国)	<input type="checkbox"/>	<input type="checkbox"/>	
3 <input type="checkbox"/>	June 27 ~ July 8	The Little Gourmets (小小美食家)	<input type="checkbox"/>	<input type="checkbox"/>	
4 <input type="checkbox"/>	July 11 ~ July 22	Happy Chinese Festival (小小中国节)	<input type="checkbox"/>	<input type="checkbox"/>	
5 <input type="checkbox"/>	July 25 ~ August 5	The little Musical (小小音乐家)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Discount 优惠</b>					
1	\$20 off on tuition when register on or before April 1 <sup>th</sup>				
2	\$20 off on registration fee for sibling campers				
3	\$40 off on registration fee for ASMC students sibling campers				

**Calculate total payment:** Fees due at time of registration; please see Payment & Refund Policy for more detailed information

Registration Fee	=	\$ _____
Camp Tuition	# of Session _____ X \$480	= \$ _____
Morning Extended Care	# of Session _____ X \$60	= \$ _____
Afternoon Extended Care	# of Session _____ X \$60	= \$ _____
Discount	-	\$ _____
<b>Total Fees</b>	=	\$ _____

**Does the camper has any allergies, chronic illness, or medical conditions? If yes, please describe.**

学生是否有任何过敏、慢性病或者其他需要注意的事项？如果有，请详细说明

**Suggestion or notes? 建议或评论?**

**Payment & Refund Policy 付款及退款政策**

Once you receive the confirmation email, please make checks payable to:

**All Stars Mandarin Center** and mail it to **1979 28th ave. San Francisco, CA 94116**

or drop it off at Mandarin Drawer, **main office of A.P Gianini Middle School(3151 Ortega Street, San Francisco, CA 94122)**

**\* There may be additional charges for tickets during field trips.**

**\*Withdraw request must be submitted via a physical letter or an email two weeks prior to the starting date to receive a full refund. Any withdraw request submitted after May 26th, 2015 will be considered as late request, and only partial refund will be issued.**

**Informed Consent and Acknowledgement 家长或监护人同意书**

I hereby give my approval for my child's participation in any and all activities prepared by **ASMC 辰星中文** during the selected camp. In exchange for the acceptance of said child's candidacy by **ASMC 辰星中文**, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless **ASMC 辰星中文** and all its respective staff and personnel from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions.

In case of injury to said child, I hereby waive all claims against **ASMC 辰星中文** including all teachers, affiliates and all participants, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all lessons and include all sports activities.

我已阅读并同意遵守辰星中文所述条款(家长或监护人同意书)。 I have read and agree with ASMC's policy

**Permission to Use Photograph (Optional) 肖像权使用授权书 (可选)**

I hereby grant the permission to **ASMC 辰星中文**, to take and use: photographs and/or digital images of my child for use in news releases and/or educational materials as follows:

Printed publications or materials, electronic publications, or Web sites. I agree that my child's name and identity: may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions and shall be the property of **ASMC 辰星中文**.

我已阅读并同意遵守辰星中文所述条款(肖像权使用授权)。 I have read and agree with ASMC 's terms (Permission to Use Photograph) .

Signature Parent/Guardian 1

Date

Signature Parent/Guardian 2 (optional)

Date

Question? Please email to [asmcadmin@allstarsmandarincenter.com](mailto:asmcadmin@allstarsmandarincenter.com)

or call 415-815-7298 (Mercy Wang, 国语, 粤语, English)

415-730-2928 (Charis Li, 国语, 粤语, English) for details.

Thanks for choosing All Stars Mandarin Center.

