



# 2019 Mandarin Immersion Summer Program

## Camper information

Name (last, first, middle):			
Age:		Date of birth (mm/dd/yyyy):	
School:		Grade:	<input type="checkbox"/> New Student <input type="checkbox"/> Returning Student

## Parent/Guardian Information

name	phone	email	relationship to camper

## Camp Sessions

Please ✓	Sessions & dates (8:30 AM-3:00 PM)		Extended Care (Early care 7:30-8:15 AM / After-hours care 3:00-6:00 PM)	
		Session I	6/3 to 6/7	Early care.
	Session II	6/10 to 6/14	Early care.	After-hours care.
	Session III	6/17 to 6/21	Early care.	After-hours care.
	Session IV	6/24 to 6/28	Early care.	After-hours care.
	Session V	7/1 to 7/5 (July 4 <sup>th</sup> closed)	Early care.	After-hours care.
	Session VI	7/8 to 7/12	Early care.	After-hours care.
	Session VII	7/15 to 7/19	Early care.	After-hours care.
	Session VIII	7/22 to 7/26	Early care.	After-hours care.

## Tuition & Fees:

Tuition: \$300/per session 8:30 am-3:00 pm. Session V \$250 (early care: \$15/after-hours care: \$80/week or \$20 per day)

Total Tuition & Fees: \_\_\_\_\_ Check # \_\_\_\_\_

I waive any right to claim against Maylan International Academy owners, staff, teachers, or Briarcliff Baptist Church in the event of accident, injury, or loss of personal items and hereby give permission to the same to obtain medical services for my child in the event of a medical emergency or injury. I grant to Maylan International Academy, its representatives and employees, the right to take pictures, video, or audio recordings of my child and to copyright, publish, and use the same, with or without my child's name, in print or electronic form for purposes such as publicity, advertising, illustration, or web content.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Persons to contact in case of emergency when parents/guardians cannot be reached:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship to Child \_\_\_\_\_



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## MEDICAL INFORMATION FORM

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

My child has the following special needs:

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The following special accommodation(s) may be required to most effectively meet my child's needs while at the center:

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### **MEDICAL HISTORY**

Primary Care/Pediatrician \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Please write "None" if the condition is not applicable to your child.

List any food allergies/dietary restrictions \_\_\_\_\_

List any environmental allergies \_\_\_\_\_

List any drug/medication allergies \_\_\_\_\_

List any medications or dietary supplements taken at home \_\_\_\_\_

List any medications or dietary supplements to be taken during school hours

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List any health issues or significant health history which may limit participation

### **EMERGENCY MEDICATION AUTHORIZATION**

Should (child's name) \_\_\_\_\_ Date of birth \_\_\_\_\_ suffer an injury or illness while in the care of Maylan International Academy, and the facility is unable to contact me(us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_