



2019 Mandarin Immersion Summer Program

Camper Information

Last Name:		First Name:		Middle Name:	
Home Address:					
Age:	Date of Birth (mm/dd/yyyy):			Gender:	M F
School:		Grade:	New Returning Camper		

Parent/Guardian Information

Name (Last, First, Middle)	Phone	Email	Relationship to Camper

Camp Sessions

Please ✓	Sessions & Dates (8:30 AM-3:00 PM)		Extended Care (Early care 8:00-8:30 AM / After-hours care 3:00-5:30 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 th 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
	Session IX	7/29 to 8/2	Early care	After-hours care

Tuition & Fees:

Tuition: \$300/session. Session V is \$250. (Early care: \$50/week. 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 _____



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MEDICAL INFORMATION FORM

Child's Last Name _____ First Name _____ Date of Birth _____

My child has the following special needs:

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

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

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 _____