



SUMMER ADVENTURE CAMP FOR KIDS

暑期兒童夏令營

21 Walter U Lum Place #1
San Francisco, CA 94108
(415) 986-2578

CAMPER INFORMATION

兒童資料

CHILD'S NAME	DATE OF BIRTH
兒童姓名	出生日期
LAST (姓)	FIRST (名)
M.I.	
SCHOOL ATTENDING	GRADE IN FALL
學校名稱	年級 (本年度秋季)
HOME ADDRESS	
住址	NUMBER (號碼)
	STREET (街名)
	CITY (城市)
	ZIP (郵區)
HOME PHONE	EMAIL
家庭電話	電子郵件
MOTHER'S / GUARDIAN'S NAME:	
母親/監護人	
WORK#	CELL#
工作電話	手提電話
FATHER'S / GUARDIAN'S NAME:	
父親/監護人	
WORK#	CELL#
工作電話	手提電話

RELEASE INFORMATION 緊急聯絡人資料

All campers must be signed in and out by their parent/guardian. Please indicate how your child may be dismissed in the case that parents/guardians are unable to sign them out. If changes in dismissal and release need to be made, please notify the Camp Director as soon as possible.

所有前來接送兒童的父母/監護人必須為他們的孩子簽署進及出。請在下列說明中選擇如你的孩子不用父母/監護人接送。如你的孩子在參加夏令營期間停止不用父母/監護人接送，請盡快通知夏令營主任。

My child, entering 4th– 8th grade, has my permission to sign him/herself in and out.

我的孩子踏入四至八年級，我准許他/她自己簽署進及出。

My child, entering 4th – 8th grade, has my permission to sign in/out their younger sibling(s) _____

我的孩子踏入四至八年級，我准許他/她為他們的弟弟或妹妹簽署進及出。

Please list below the name of an adult who should be contacted in case of **an emergency**. This person/people are also authorized to pick up/sign in & out your child.

請列出緊急聯絡人並要授權給此聯絡人為你的孩子簽署進及出。

NAME _____ RELATIONSHIP TO CHILD _____
姓名 與兒童關係

HOME# _____ WORK# _____ CELL _____
家庭電話 工作電話 手提電話

NAME _____ RELATIONSHIP TO CHILD _____
姓名 與兒童關係

HOME# _____ WORK# _____ CELL _____
家庭電話 工作電話 手提電話

MEDIA RELEASE

媒體發佈：

- I understand that throughout the summer my child may be photographed during S.A.C.K. activities and field trips. By checking this box, my child might be photographed this summer by the S.A.C.K. staff. I also give my permission for any pictures taken during S.A.C.K. to be used in slideshows or future advertisements, such as flyers and brochures.
我明白整個夏天，我的孩子在兒童夏令營的活動和郊遊期間，有可能被拍下照片。當我選擇這個方格，代表我允許兒童夏令營的職員為我的孩子拍照，也允許把兒童夏令營期間所拍下的照片，可以用來製作幻燈片、傳單和小冊子等。
- I would like to opt out the media release. I do not give permission for SACK to use photographic or video images of my child for media purposes.

MEDICAL INFORMATION

醫療資料

NAME OF DOCTOR _____ PHONE# _____

醫生姓名

電話

NAME OF DENTIST _____ PHONE# _____

牙醫姓名

電話

NAME OF HEALTH PLAN _____ NUMBER _____

健康保險計劃

號碼

FOOD ALLERGIES _____

食物過敏

MEDICAL ALLERGIES _____

藥物過敏

DOES YOUR CHILD HAVE SPECIAL NEEDS?

你的孩子是否有特別的需要？

In case of a life threatening or dental emergency, I authorize S.A.C.K. to:

如有突發事故或牙醫緊急事件，我願意授權給兒童夏令營作以下的決定：

- Take child to the Emergency Hospital for treatment.
帶孩子到急診室診治。
- Contact doctor/dentist to get instructions.
聯絡醫生/牙醫作出決定。
- Contact parent/emergency contact to obtain instructions.
聯絡家長

REFERRAL INFORMATION

推薦資料

How did you hear about our program? (Please check all that apply.)

你怎樣知道我們的夏令營節目？ (可選擇多項)

- I am a returning camper.
我是再次回來參加的營友。
- school flyer
學校單張
- newspaper ad _____
報紙廣告
- other _____
其他
- friend** _____
朋友 **

REGISTRATION INFORMATION

註冊資料

COST:

費用

EACH SESSION: 每期

\$140 per session per child 每人每期 (兩個星期) 140 元

\$80 for 1 week 參加一個星期每人 70 元

EXTENDED CARE: 營後托管服務

\$5 per day per child 每人每日 5 元

*Registration and payment can be done online at
www.sackdaycamp.com*

Checks should be made out to **SACK Day Camp – CCC**

Mail check with completed application to **SACK Day Camp – CCC** or check
SACKDAYCAMP.com for online payment options

支票抬頭請寫

SACK Day Camp

21 Walter U. Lum Place #1

San Francisco, CA 94108

FULL PAYMENT MUST BE INCLUDED WITH REGISTRATION FORM

營費必須連同報名表一併遞交

SACK 2023 REGISTRATION INFORMATION

註冊資料

I AM REGISTERING MY CHILD FOR THE FOLLOWING: 我為孩子作以下登記

\$140 for 2 week session per child 每人每期 (兩個星期) 140 元

\$80 for 1 week per child 參加一個星期每人 80 元

EXTENDED CARE: 營後托管服務 \$5 per day per child 每人每日 5 元

SESSION 學期		CAMP TOTAL 營費	EXTENDED CARE 營後托管					EC TOTAL 營後托管費用	TOTAL 每期總額
SESSION1 第一期	<input type="checkbox"/> WEEK 1 JUNE 12- JUNE 16	\$	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>	\$	\$
	<input type="checkbox"/> WEEK 2 JUNE 20- JUNE 23 (Closed Monday June 19 for Juneteenth holiday)		M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>		
SESSION2 第二期	<input type="checkbox"/> WEEK 1 JUNE 25- JUNE 30	\$	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>	\$	\$
	<input type="checkbox"/> WEEK 2 JULY 3 -- JULY 7 *We are closed July 4		M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>		
SESSION3 第三期	<input type="checkbox"/> WEEK 1 JULY 10- JULY 14	\$	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>	\$	\$
	<input type="checkbox"/> WEEK 2 JULY 17- JULY 21		M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>		
Notes:								TOTAL PAYMENT 全部總額	\$

*SACK Daycamp will be closed Monday June 19 for Juneteenth and Monday July 4 in observance of Independence Day.

*兒童夏令營於 7 月 4 日(週四)美國獨立日休假。

X _____
PARENT/GUARDIAN SIGNATURE 家長/監護人簽名

DATE 日期