



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 LAST (姓) FIRST (名) MIDDLE INITIAL 出生日期

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, I give permission for my child to 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令營的職員為我的孩子拍照，也允許把兒童夏令令營期間所拍下的照片，可以用來來製作幻燈片、傳單和小冊子等。

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

\$125 per session per child 每人每期 (兩個星期) 125 元

EXTENDED CARE: 營後托管服務

\$5 per day per child 每人每日 5 元

SIBLING DISCOUNT: Pay full price for your 1st child and each additional sibling pays the sibling discount!
優惠：凡你的第一個孩子支付全部營費後，他/她的兄弟或姊妹可享有折釦！

\$115 per session per each additional sibling 每人每期 \$115
\$63 for 1 week 每星期 \$63

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

Mail check with completed application to **SACK Day Camp – CCC** 支

票據頭請寫

SACK Day Camp

21 Walter U. Lum Place #1

San Francisco, CA 94108

EARLY BIRD DISCOUNT: Register before April 15 and receive an extra \$10 off per session, per child! (Discount **can** be used concurrently with the sibling discount!)

優惠：凡你的第一個孩子支付全部營費後，他/她的兄弟或姊妹可享有折釦！

FULL PAYMENT MUST BE INCLUDED WITH REGISTRATION FORM

營費必須連同報名表一併遞交

SACK 2016 REGISTRATION INFORMATION

註冊資料

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

	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
SESSION 1 第一期	<input type="checkbox"/> WEEK 1 JUNE 6 – JUNE 10	\$	M	T	W	TH	F	\$	\$
	<input type="checkbox"/> WEEK 2 JUNE 13 – JUNE 17		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SESSION 2 第二期	<input type="checkbox"/> WEEK 1 JUNE 20 – JUNE 24	\$	M	T	W	TH	F	\$	\$
	<input type="checkbox"/> WEEK 2 JUNE 27 – JUNE 31		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SESSION 3 第三期	<input type="checkbox"/> *WEEK 1 JULY 5 – JULY 8	\$	X	T	W	TH	F	\$	\$
	<input type="checkbox"/> WEEK 2 JULY 11 – JULY 15		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SESSION 4 第四期	<input type="checkbox"/> WEEK 1 JULY 18 – JULY 22	\$	M	T	W	TH	F	\$	\$
	<input type="checkbox"/> WEEK 2 JULY 25 – JULY 29		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
DISCOUNTS: 優惠 <input type="checkbox"/> SIBLING DISCOUNT <i>Sibling(s) Name:</i> <hr style="width: 80%; margin-left: 0;"/> 兄弟/姊妹優惠 兄弟/姊妹的名字 <input type="checkbox"/> EARLY BIRD DISCOUNT 提早報名優惠								TOTAL PAYMENT 全部總額 \$	

*SACK Daycamp will be closed Monday, July 4th in observance of Independence Day.

*兒童夏令營於 7 月 4 日

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

 DATE 日期