



SUMMER ADVENTURE CAMP FOR KIDS

暑期兒童夏令營
 21 Walter U Lum
 Place #1 San
 Francisco, CA
 94108 (415) 986-

CAMPER INFORMATION

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 _____

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

推薦資訊

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 **

Refer a friend and receive a \$5 credit towards your account. Your friend **MUST list you as their referral (above) in order for your account to be credited. There is no limit to how many referral credits you may receive. See website for more details.

** 若閣下介紹一位朋友參加, 你可獲得 5 元介紹費放入你的戶口裡。你的朋友必須把你的名字列舉才可取得介紹費。介紹名額無上限。詳情請參閱網址。

REGISTRATION INFORMATION

註冊資訊

COST:

費用

EACH SESSION: 每期

\$125 per session per child 每人每期 (兩個星期) 100 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扣!

\$115 per session per each additional sibling 每人每期 \$95
\$65 for 1 week 每星期 \$65

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 \$5 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扣!

FULL PAYMENT MUST BE INCLUDED WITH REGISTRATION FORM

營費必須連同報名表一併匯交

SACK 2018 REGISTRATION INFORMATION

註冊資料

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

SESSION	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 18 - JUNE 22	\$	M	T	W	TH	F	\$	\$
	<input type="checkbox"/> WEEK 2 JUNE 25 - JUNE 29		<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 JULY 2 - JULY 6	\$	M	T	W	TH	F	\$	\$
	<input type="checkbox"/> WEEK 2 JULY 9 - JULY 13		<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 16 - JULY 20	\$	M	T	W	TH	F	\$	\$
	<input type="checkbox"/> WEEK 2 JULY 23 - JULY 27		<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 Wednesday, 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