



# 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)
MIDDLE INITIAL	
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 4<sup>th</sup> – 8<sup>th</sup> 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 4<sup>th</sup> – 8<sup>th</sup> 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。

## 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 \*\*

\*\*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

註冊資料

### COST:

費用

**EACH SESSION:** 每期

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

\$60 for 1 week 參加一個星期每人 60 元

**EXTENDED CARE:** 營後托管服務

\$5 per day per child 每人每日 5 元

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

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

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 2019 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 17- JUNE 21	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 24- JUNE 28	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>		
SESSION 2 第二期	<input type="checkbox"/> WEEK 1 JULY 1- JULY 5 * Closed July 4th	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 8 -- JULY 12	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>		
SESSION 3 第三期	<input type="checkbox"/> WEEK 1 JULY 15- JULY 19	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 22- JULY 26	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>		
<p><b>DISCOUNTS: 優惠</b></p> <p><input type="checkbox"/> SIBLING DISCOUNT    <i>Sibling(s) Name:</i></p> <p>_____</p> <p>兄弟/姊妹優惠    兄弟/姊妹的名字</p> <p><input type="checkbox"/> EARLY BIRD DISCOUNT</p> <p>提早報名優惠</p>								<p><b>TOTAL PAYMENT</b> 全部總額</p> <p>\$</p>

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

\*兒童夏令營於 7 月 3 日(週四)美國獨立日休假。

X \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE 家長/監護人簽名

\_\_\_\_\_  
DATE 日期