



Registration Form

Section I: General Information

Member's First Name _____ Last Name _____ Chinese Name: _____

Date of Birth _____ Male _____ Female _____ Grade: _____ (NOW) _____

Home Address Street _____

City/State/Zip Code _____

Home Phone # _____ Cell Phone _____ Cell Phone 2: _____

Email: 1. _____; 2. _____

Mother / Guardian's Name _____ Father's Name _____

In case of **Emergency**, Contact Person _____ Relation _____

Other Contact: Relation: _____ Phone: _____ Cell phone _____

Section II: Program Selection

Week 1 (June 2 - 6)

	Morning	Cost		Afternoon	Cost		Extended Care	Cost
<input type="checkbox"/>	General Program – Lunch and Textbook included				\$230	<input type="checkbox"/>	A.M. Only	Free
<input type="checkbox"/>	Volunteer Leadership (7:30-12)		<input type="checkbox"/>	Volunteer Leadership (12-6)		<input type="checkbox"/>	P. M. Only	\$10
			<input type="checkbox"/>	Sports (12+yrs)			Week 1 Total:	

Week 2 (June 9 - 13)

	Morning	Cost		Afternoon	Cost		Extended Care	Cost
<input type="checkbox"/>	General Program – Lunch and Textbook included				\$230	<input type="checkbox"/>	A.M. Only	Free
<input type="checkbox"/>	Volunteer Leadership (7:30-12)		<input type="checkbox"/>	Volunteer Leadership (12-6)		<input type="checkbox"/>	P. M. Only	\$10
			<input type="checkbox"/>	Sports (12+yrs)			Week 2 Total:	

Week 3 (June 16 - 20)

	Morning	Cost		Afternoon	Cost		Extended Care	Cost
<input type="checkbox"/>	General Program – Lunch and Textbook included				\$230	<input type="checkbox"/>	A.M. Only	Free
			<input type="checkbox"/>	Volunteer Leadership (12-6)		<input type="checkbox"/>	P. M. Only	\$10
<input type="checkbox"/>	Volunteer Leadership (7:30-12)		<input type="checkbox"/>	Dance Combo				
			<input type="checkbox"/>	Dance Du Soleil – Belly Dance				
			<input type="checkbox"/>	Chess / Go			Week 3 Total:	



Week 4 (June 23 - 27)								
	Morning	Cost		Afternoon	Cost		Extended Care	Cost
<input type="checkbox"/>	General Program – Lunch and Textbook included				\$230	<input type="checkbox"/>	A.M. Only	Free
			<input type="checkbox"/>	ACT Basic	\$335	<input type="checkbox"/>	P. M. Only	\$10
<input type="checkbox"/>	Volunteer Leadership (7:30-12)		<input type="checkbox"/>	Volunteer Leadership (12-6)				
<input type="checkbox"/>	Journal Report 小记者		<input type="checkbox"/>	Dance Combo				
			<input type="checkbox"/>	Dance Du Soleil – Belly Dance				
			<input type="checkbox"/>	Chess / Go				
							Week 4 Total:	

Week 5 (June 30 – Jul 3)								
	Morning	Cost		Afternoon	Cost		Extended Care	Cost
<input type="checkbox"/>	General Program – Lunch and Textbook included				\$180	<input type="checkbox"/>	A.M. Only	Free
			<input type="checkbox"/>	PSAT / SAT Basic	\$335	<input type="checkbox"/>	P. M. Only	\$10
<input type="checkbox"/>	Volunteer Leadership (7:30-12)		<input type="checkbox"/>	Volunteer Leadership (12-6)				
<input type="checkbox"/>	Journal Report 小记者							
							Week 5 Total:	

Week 6 (July 7 - 11)								
	Morning	Cost		Afternoon	Cost		Extended Care	Cost
<input type="checkbox"/>	General Program – Lunch and Textbook included				\$230	<input type="checkbox"/>	A.M. Only	Free
			<input type="checkbox"/>	ACT Advanced	\$335	<input type="checkbox"/>	P. M. Only	\$10
<input type="checkbox"/>	Volunteer Leadership (7:30-12)		<input type="checkbox"/>	Volunteer Leadership (12-6)				
<input type="checkbox"/>	Journal Report 小记者		<input type="checkbox"/>	Dance Du Soleil – Belly Dance				
							Week 6 Total:	

Week 7 (July 14 - 18)								
	Morning	Cost		Afternoon	Cost		Extended Care	Cost
<input type="checkbox"/>	General Program – Lunch and Textbook included				\$230	<input type="checkbox"/>	A.M. Only	Free
			<input type="checkbox"/>	SAT Advanced	\$335	<input type="checkbox"/>	P. M. Only	\$10
<input type="checkbox"/>	Volunteer Leadership (7:30-12)		<input type="checkbox"/>	Volunteer Leadership (12-6)				
<input type="checkbox"/>	Journal Report 小记者		<input type="checkbox"/>	Dance Du Soleil – Belly Dance				
							Week 7 Total:	

Week 8 (July 21 - 25)								
	Morning	Cost		Afternoon	Cost		Extended Care	Cost
<input type="checkbox"/>	General Program – Lunch and Textbook included				\$230	<input type="checkbox"/>	A.M. Only	Free
<input type="checkbox"/>	Volunteer Leadership (7:30-12)		<input type="checkbox"/>	Volunteer Leadership (12-6)		<input type="checkbox"/>	P. M. Only	\$10
							Week 8 Total:	

Week 9 (July 28 – Aug 1)								
	Morning	Cost		Afternoon	Cost		Extended Care	Cost
<input type="checkbox"/>	General Program – Lunch and Textbook included				\$230	<input type="checkbox"/>	A.M. Only	Free
<input type="checkbox"/>	Volunteer Leadership (7:30-12)		<input type="checkbox"/>	Volunteer Leadership (12-6)		<input type="checkbox"/>	P. M. Only	\$10
			<input type="checkbox"/>	Sports (12+yrs)				
							Week 9 Total:	



Ohio Chinese School



Week 10 (Aug 4 - 8)								
	Morning	Cost		Afternoon	Cost	Extended Care	Cost	
<input type="checkbox"/>	General Program – Lunch and Textbook included				\$230	<input type="checkbox"/>	A.M. Only	Free
<input type="checkbox"/>	Volunteer Leadership (7:30-12)		<input type="checkbox"/>	Volunteer Leadership (12-6)		<input type="checkbox"/>	P. M. Only	\$10
			<input type="checkbox"/>	Sports (12+yrs)				
							Week 10 Total:	

Discounts Available **:			Total Due: _____	
<input type="checkbox"/>	Referral Discount	\$20	2nd Child Discount: _____	
	Ref'd Student Name:		Other Discount: _____	
<input type="checkbox"/>	2nd Child Discount	10%	Registration Fee **: \$25.00	
Rebates Available **: 			Total Payment Due: _____	
<input type="checkbox"/>	Current OCS Student, FID#:	\$10/wk		
<input type="checkbox"/>	CCCC member	\$10/wk		

** The registration fee and discounts/rebates do not apply to SAT/ACT program.

- **Payment checks must be mailed with the form**

Payment Agreement: I hereby authorize OCS for the above payment for the OCS 2014 Program(s).

Parent's/Guardian's signature _____ **Date** _____

All camp payments are due on or before **May 14, 2014**. Camper's health information must be submitted prior to first day of camp.



我心飞扬 Summer Health Information

Camper's Name _____ Birthday: _____ Chinese Name _____

School Name: _____ Grade: _____

Home Address: _____

Home Phone Number: _____ Cell Phone 1: _____ Cell Phone 2: _____

Emergency Contact: _____ Cell Phone: _____

◆ HEALTH INFORMATION:

Health Insurance Co.: _____ Policy Number: _____

Camper's Pediatrician Name: _____ Emergency Phone No.: _____

Office Address: _____

◆ Copy Vaccine Record

◆ HEALTH RECORD: (check applicable condition or allergies)

- Allergies _____
- Ear Infections Convulsions Rheumatic Fever Diabetes
- Insect Stings Hay Fever Penicillin Skin disease
- Behavioral Problems _____ Others _____

Does any operation, serious injury, or disease restrict physical activity? Yes No

Explain if you check _____

◆ ILLNESS/MEDICATIONS:

Please do not send your child to our camp when he/she exhibits any of the following symptoms:

- ✧ Temperature (>100 F), sore throat, cough, ringworm, eye irritations.
- ✧ Cold, impetigo, vomiting, diarrhea, unknown rash, earache.
- ✧ Other communicable diseases.

All prescription medication must be brought to the Camp Director. All medicine must be in its original labeled container with the child's name and dosage clearly marked with Doctor's instructions. A medication release form, available from the Camp Director, must also be completed. At no time may any camper take medication without a permission slip from a parent/guardian.

I have read and understand all of the policies set forth by the OCS Summer Camp. I hereby truthfully complete this form according to the best of my knowledge.

Parent/Guardian Signature _____ Date _____



SCHOOL WAIVER FORM

EXTRACURRICULAR ACTIVITIES

The OHIO CHINESE SCHOOL, its employees, agents and insurers have no liability, and accept no liability for injuries or accidents occurring to students during their participation in interscholastic program or sports and related extracurricular teams or activities. The student and parent(s)/guardian(s) assume any and all risks, including without limitation risk of injury and risk of incurring medical expenses associated with the participation by the student.

Student's Name ch _____ /en _____ Last _____ Sex M F

School _____ Grade _____ Age _____ Date of Birth ____/____/____

Parent's/Guardian's Name

Father's/Guardian's SS# XXX-XX _____ Mother's/Guardian's SS# XXX-XX _____

Cell Phone Number () _____ Cell Phone Number () _____

Home Address _____ Phone Number () _____

Additional Emergency Contact

Relationship _____ Phone Number () _____

Insurance Information

Company _____ Policy Number and/or Group Numbers _____

ALLERGIES _____

Parent's Signature _____ Student's Signature _____

(if over age 18)

Date _____ Date _____

IMPORTANT NOTICE – It is the policy of the OHIO CHINESE SCHOOL Board that **ALL STUDENTS & PARENTS** participating in our school programs **MUST HAVE EITHER MEDICAL OR ACCIDENT INSURANCE IN ORDER TO PARTICIPATE!** Please be sure to provide that information on this form. This information also becomes important in case of injury or illness and we are unable to immediately contact parents/guardians.