



2019 暑期兒童日營 KID'S DAY CAMP
信息與報名表 Info & Registration

Organizer 主辦: Gaithersburg Chinese Alliance Church
 Location 地點: 13101 Darnestown Road,
 Gaithersburg, MD 20878

Please mail your registration to the above address

Date: 8/5/19 - 8/9/19 **Age:** 3 years old by end of 7/ 2019 – current 5th graders

Time: 9:00AM – 3:00PM, (parenting workshop 1:45– 3:00PM)

Cost: \$100 per child (Please make check payable to GCAC)

(Cost includes lunches, snacks, a music CD and T-shirt. Will refund in full for applications declined due to space limitation)

Contact: 301-869-8343, gcacdaycamp@gmail.com

Registration Deadline: 6/30/2019

(Please keep this portion for your information)

(Space limited, register early)

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(Please sign and turn this portion in for the registration)

Staff Only:

| Child(ren)'s Name (s) (First) (Last) | Gender (M/F) | Age / Grade (2019-2120) | T-Shirt Size (YXS--4XL) | Allergy/Special Health needs (Please Specify) * |
|---|-----------------|----------------------------|----------------------------|--|
| | | | | |
| | | | | |
| | | | | |

| T-Shirt Garment Chart (Inch) | SIZE | YXS | YS | YM | YL | YXL | S | M | L | XL | 2XL | 3XL | 4XL |
|------------------------------------|--------|------|----|------|----|------|----|----|----|----|-----|-----|-----|
| length | length | 20.5 | 22 | 23.5 | 25 | 26.5 | 28 | 29 | 30 | 31 | 32 | 33 | 34 |
| width | width | 16 | 17 | 18 | 19 | 20 | 18 | 20 | 22 | 24 | 26 | 28 | 30 |

Pediatrician's Name: _____ Pediatrician's Phone: _____

Parent's Name: _____ (First) _____ (Last)

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home phone: _____ **Cell phone:** _____ **Email:** _____

Name of home church, if any _____

Other than the parent above, who can pick up your child(ren)?

Name: _____ Cell phone: _____

Emergency contact: Please check if it's same as above

Name: _____ Cell phone: _____

Other Activities

1. “教養孩童” 國語講座 Parenting workshop in Mandarin 8/5/19 - 8/9/19 每天 1:45pm, 免費

請勾選參加日期: 周一 周二 周三 周四 周五

2. 演出和野餐 Show and Picnic 8/10/19 @ 10:30AM –1:00PM, Free

How many will participate? Adults _____ Children _____

【請轉背面簽名, Please turn back to sign】



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Permission Slip

As the parent / guardian of the above child, I am giving him / her permission to participate in KID'S DAY CAMP at Gaithersburg Chinese Alliance Church and events associated therein.

Also I give permission to the church to take pictures and post it in the slideshows each day or on the church website without names being displayed to protect my child's privacy.

By signing, I also herewith authorize treatment in the event of a medical emergency. The undersigned assumes the responsibility for any costs connected with such treatment and hereby released the church from any liability therefore.

This registration & release form is completed and signed of my own free will with the sole purpose of registration and authorizing medical treatment under emergency circumstances during the KID'S DAY CAMP week.

 X _____ PRINTED NAME : _____

Parent / Guardian Signature 家長或監護人簽名

Date: _____