



## TBCS 2019 Summer Camp Registration Form

Please return the filled-form to USF BSN Building Rm 1301 on 4/14, 5/5 or 5/12 afternoons  
or email to [admin@tampabaychineseschool.com](mailto:admin@tampabaychineseschool.com)  
or call the person of contact to submit the form

### Camper Information

Child's First Name	Last Name	Goes By
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: _____	<input type="checkbox"/> Check if your child is a returning camper
Current School/ Daycare	Is your child a TBCS student? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Parent/Guardian Information

Parent1	Parent2
First Name/Last Name/Relation	First Name/Last Name/Relation
Home Address	Home Address (if different)
City, State, Zip	City, State, Zip (if different)
Cell Phone/Home Phone/Work Phone	Cell Phone/Home Phone/Work Phone
Email address	Email address

### Other Emergency Contact

Name	Phone number	Relation to the child
Name	Phone number	Relation to the child

### Camp Registration: Select the desired week(s) below.

- 06/03/2019 – 06/07/2019 8:00 AM – 5:00 PM
- 06/10/2019 – 06/14/2019 8:00 AM – 5:00 PM
- 06/17/2019 – 06/21/2019 8:00 AM – 5:00 PM
- 06/24/2019 – 06/28/2019 8:00 AM – 5:00 PM
- 07/08/2019 – 07/12/2019 8:00 AM – 5:00 PM
- 07/15/2019 – 07/19/2019 8:00 AM – 5:00 PM
- 07/22/2019 – 07/26/2019 8:00 AM – 5:00 PM
- need after-hour extended time

Camp address: 13367 N 56<sup>th</sup> St, Tampa, FL 33617

**Payment**

Fee Schedule: \$120/first week, \$110/week afterwards. Short time camper: \$30/day. Extended hour: \$5/30min.

\$50 non-refunded deposit is required by 5/12/2019. The deposit will be used to pay part of camp fee when started.

Personal Check (payable to TBCS) or cash only

Camp Fee: \_\_\_\_\_

Deposit: \_\_\_\_\_

Remaining due on first day of camp: \_\_\_\_\_

Total Fees: \_\_\_\_\_

Pay method:  cash  check check#: \_\_\_\_\_

**Health Information**

Does your child have any medical/health conditions past or present? If yes, please describe.

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any developmental or behavioral conditions, including speech, occupational therapy or the like, past or present? If yes, please describe.

\_\_\_\_\_  
\_\_\_\_\_

Please describe your child's napping and toileting needs, if any.

\_\_\_\_\_  
\_\_\_\_\_

**Health Insurance information**

\_\_\_\_\_  
Health Insurance Company Name Phone number Policy number

\_\_\_\_\_  
Primary Insurancer Name

\_\_\_\_\_  
Pediatrician Name Phone number Address

**Permission & Liability Waiver: Enrollment for your child in TBCS's Summer Camp Program constitutes your agreement to this waiver.**

My child, \_\_\_\_\_, has been granted by me, \_\_\_\_\_, the permission to fully participate in Tampa Bay Chinese School 2019 summer camp activities during the registered week(s). I, as parent/legal guardian, do hereby grant the TBCS staff and designated adults the right to authorize emergency medical treatment for my child in the event that I or my designated representative cannot be reached. I agree to hold no harm to TBCS and its staff/agents on the liability resulting from such an accident.

I hereby grant permission for staff to take whatever steps may be necessary to obtain emergency treatment for my child. These steps may include, but not limited to the following:

1. In a life-threatening emergency or urgent situation, staff will call 911 before making any attempt to contact parents.
2. For a non-life-threatening emergency, we will attempt to call the parent/ guardian first, and if we cannot reach them, we will attempt to contact the Emergency contacts. If we cannot make an appropriate contact, we will call paramedics or the child's health care provider.

I understand that TBCS and staff will not be responsible for anything that may happen as a result of false information provided by parents/guardians, or as a result of the parent/guardian's failure to provide information at the time of enrollment. I understand that staff will no administer drug or medication without specific written & signed instruction from the health care provider and/or the child's parent/guardian.

_____ Signature Parent/Guardian	_____ Print Name Parent	_____ Date
Publicity Release Form (optional): I authorize Tampa Bay Chinese School to use a photograph or other image of my child for public relations purposes connected to this summer camp program and future programs associated with Tampa Bay Chinese School. I understand that my child's name will not be published with an image.		
_____ Signature Parent/Guardian	_____ Print Name Parent	_____ Date