



## 2014 Summer Camp Registration Form

Please return form to Cooper Hall Rm 344, USF on Sunday afternoons or email to [admin@tampabaychineseschool.com](mailto:admin@tampabaychineseschool.com)

### 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

Father			Mother						
_____		_____		_____					
First Name		Last Name		First Name		Last Name			
Home Address _____			Home Address (if different) _____						
City, State, Zip _____			City, State, Zip _____						
Home Phone _____		Work Phone _____		Home Phone _____		Work Phone _____		Cell 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 weeks from the table below.

- 06/09/2014 – 06/20/2014 8:00 AM – 5:00 PM
- 06/23/2014 – 07/03/2014 8:00 AM – 5:00 PM
- More camps may open in July depending on the feedback from the parents.

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

### Camp Payment

Fee Schedule: \$190/ 2-week session or \$100/ week or \$30/day. Personal Check (pay to TBCS) or cash only

Camp Fee:	_____
Deposit:	_____
Remaining due on first day of camp:	_____
Total Fees:	_____
Pay method:	<input type="checkbox"/> cash <input type="checkbox"/> 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 Insurer 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 permission to fully participate in Tampa Bay Chinese

School summer camp activities during the 2014 summer term. I, as parent/ legal guardian, do hereby grant to 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 harmless TBCS and its agents from liability resulting from 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 are 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 can not 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