Summer Registration Form

Name:	Chinese Name:	Birth Date	: Age
Address:		Phone:	
Summer Session Atte	ending Weeks (Please M	lark)	
Fee Includes: Materials and Extra Curriculum Classes			
☐ Half Day-AM (8:30 AM – 1	2:00 PM) \$130 per week		
☐ Half Day-PM (1:00 PM – 6	:30 PM) \$215 per week		
☐ Full Day (8:30 AM – 6:30 F	PM) \$280 per week		
□ 1 (06/18 - 06/22)		□ 6 (07/23 - 07/27)	
2 (06/25 - 06/29)		□ 7 (07/30 - 08/03)	
□3 (07/02 - 07/06)		□ 8 (08/06 - 08/10)	
□4 (07/09 – 07/13)		□ 9 (08/13 - 08/17)	
□5 (07/16 – 07/20)			
In case of an emergency, pl			
Father:) Cell (
Mother:) Cell (
Other's Name:	Relationship:	Phone ()
Home Address:		Phone ()
Doctor's Name:		Phone ()
Preferred Hospital:	N	fedical Insurance Co. & Policy	<u> </u>
Waha of any and all liability for connected with participation in employees. I HAVE READ THE ABOVE A RECEIVED. I GIVE PERMISSION TO WA	any injury which may be suffered this camp except those arising out AGREEMENT, AND FULLY UN	camp, agrees to indemnify and hold by the student registered in Waha, of the sole willful act or sole neglig DERSTAND THAT I ASSUME A DICAL CARE TO BE GIVEN TO ESPONSIBILITY FOR THE COST	arising out of or in any way gence act of Waha, or its LL RISKS FOR ANY INJURY MY CHILD IN CASE OF AN
PARENT'S SIGNATURE.		DATE.	
	T be signed in compliance with GISTRATION APPLICATIO	DATE: Waha's policy and procedure.	FAILURE TO SIGN WILL