



2009 年

文化夏令營報名表

TAALI Cultural Summer Camp (2009-08-24 thru 2009-08-28) Registration Form

(Please complete a separate form for each participant. Photocopies are acceptable.)

Child's Name (English) (Chinese)

Child's Birth Date (mm/dd/yyyy) [Must be born before July 1, 2004] Age _____ Gender _____

Home Address City State Zip

Home Telephone

Parent's Name Emergency Contact Telephone

Parent's Name Emergency Contact Telephone

About Registration

1. **TAALI** reserves the right to exclude, at any time, participants whose conduct, influence or behavior is deemed harmful to the best interests of the program and/or its participants.
2. Please make all checks payable to **TAALI** and return registration forms and checks to Vera during the Little Dragons school hours. To register by mail, send your completed forms and checks to VERA HU-HYNEMAN at 86 CEDARHURST AVE, SELDEN, NY 11784.
3. Please call Bob at 631-790-7410 or Vera at 631-790-7411 for questions or E-mail to bobhyneman@optonline.net or vera7749@gmail.com.
4. **Camp fee is \$250** (a \$40 non-refundable, non-transferable deposit included). Lunch is *not included* from Monday through Thursday. A pizza lunch will be provided on Friday, and will be free to all campers.
5. **A showcase of all campers will be presented on the afternoon or evening of Friday August 28.**

Payment

Please complete	For Office Use:		
Camp Fee per camper: \$ <u>250</u>	Date	Check #	\$ Amount
Total amount enclosed: \$ _____	Staff signature		

Emergency Authorization Form

In the event that *TAALI* cannot reach you in case of accident or other emergency, please designate who may grant permission for emergency medical treatment for the participant.

Full Name	Home Phone
-----------	------------

Relationship to Participant	Emergency Contact Phone
-----------------------------	-------------------------

Full Name	Home Phone
-----------	------------

Relationship to Participant	Emergency Contact Phone
-----------------------------	-------------------------

Do you give *TAALI* permission to authorize emergency care if *TAALI* is unable to reach the person(s) named above?

() Yes () No

As a parent or legal guardian of _____, I _____ here authorize *TAALI* at my expense to call an ambulance, take my child to a physician of *TAALI*'s choice, and to consent to any x-ray examination, anesthetic, diagnosis, medical or surgical treatment deemed necessary, if I or a person listed above cannot be reached by telephone. This permission is in effect for the duration of my child's enrollment at the *TAALI* Cultural Summer Camp.

Physician	Physician's Phone
-----------	-------------------

Hospital Preference, if any	Health Insurance Co, ID	Group #
-----------------------------	-------------------------	---------

Chronic Illness or Allergies:

People authorized to pick up your child from the program:

Name and Relationship to Participant	Work Phone	Home Phone
--------------------------------------	------------	------------

Name and Relationship to Participant	Work Phone	Home Phone
--------------------------------------	------------	------------



2009 年

文化夏令營報名表

TAALI Cultural Summer Camp (2009-08-24 thru 2009-08-28)

Tentative Daily Schedule

Centereach High School 14 43rd Street Centereach, NY 11720			
	Youth Class (Age 12 and older)	Middle Class (9 ~ 11 years-old)	Elementary Class (Age 8 and younger)
9:00 am ~10:25 am	Sports/Acrobatics	Folk Dance	Arts & Crafts
10:30 am ~11:55 am	Folk Dance	Sports/Acrobatics	Singing
12:00 pm ~ 12:55 pm	LUNCH	LUNCH	LUNCH
1:00 pm ~ 2:25 pm	Arts & Crafts	Singing	Sports/Acrobatics
2:30 pm ~ 3:55 pm	Singing	Arts & Crafts	Folk Dance

Note #1:

Name of teacher's aide (Youth/Middle/Elementary class): _____

Note #2:

Contact number during camp time: _____

Note #3:

Maximum of the first 60 campers will be accepted. The registration deadline for the cultural summer camp is Friday, **July 31, 2009**.

Note #4:

Each camper may be dropped off at **8:30 am** and must be picked up before **5:30 pm**.