

2026北加州天樂語文學校/中文學校聯合會 **馬年** 青少年兒童夏令營 報名表

Great Joy/San Mateo County Chinese School/ANCCS **Golden Horse** Summer Camp 2026

E-mail: gics94010@gmail.com; Tel: 650-867-6228, 650-867-1581, 650-692-9166

Camp Site: Great Joy Burlingame Center next to Westin Hotel in Millbrae 10:00am to 4:00pm

*****HorseCultureCamp: Week 07/06-07/10 ; 10:00 am-4:00 pm *****

Please circle on what weeks your kids attend: Week 6/15, 6/22, 6/29, 7/6, 7/13, 7/20, 7/27, 8/3, 8/10, 8/17

Registration & Emergency Form one registration form per student

Student Name, Last _____ First _____ 中文姓名 _____

Address 地址 _____

Date of Birth: _____ English Grade in Sept. 2025 _____ Gender: M / F

Chinese School Attending _____

Mother's name _____ 中文姓名 _____ Home phone () _____

E-mail _____ Work phone () _____ Cell phone () _____

Father's name _____ 中文姓名 _____ Home phone () _____

E-mail _____ Work phone () _____ Cell phone () _____

Emergency Contact name _____ phone () _____

Physician _____ Phone () _____

Any medical conditions/allergies/diet/special needs for your child _____

Registration fee: \$30 and

Tuition: \$380

Extra Care: \$13/hr. or \$220/week
(8:00am to 10:00am and 4:00pm to 6:00pm)

報名費恕不退費 Registration fee is not refundable; No refund for tuitions one week before camp.

支票抬頭 Check payable to: San Mateo County Chinese School, Summer Camp

ATTN: Summer Camp, San Mateo County Chinese School; P.O. Box 806, Millbrae, Ca. 94030 or

pay by Zelle: pvehncacsls@gmail.com. 郵寄地址: P. O. Box 806 Millbrae, Ca. 94030

2026 SMCCS/GJCS/ANCCS Summer Camp Waiver Statement

I hereby grant approval for my child _____ to participate in this program, and waive all our rights, claims and actions which we may have against SMCCS/GJCS/ANCCS, its Board of Directors, teaching faculties, employees and agents, arising from my child's participation. And also hold SanMateo Union High School District and SM-FC School District harmless. Consent is hereby given to camp staff to seek or give medical aid as required in case of emergency. I agree that photographs taken for the SMCCS/GJCS for school purposes including pictures and/or videos published on the school website may be used by SMCCS/GJCS.

Parent or Guardian Signature 簽名 _____ Date 日期: _____

Office Use Check No: Amount: Class assigned: Comments: