



## 2018 MLCCC's English Writing Summer Camp (Wayne) Registration Form

*For students who will be 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, or 6<sup>th</sup> graders in September 2018*

**Location: 45 Walker Road, Wayne, 19087**

### Student General Information

Name:	Birth Year & Month:	Age:
School District:	Grade <b>in Sep. 2018</b> :	Gender:
Parents' Names:		
Home Address:		
Home Phone:	Email:	
Work Phone:	Mobile Phone:	

Sessions - Please **check** your selection(s):

Date	Select Morning (8am – 12pm) or Afternoon (Noon – 4pm)	Tuition
7/9/2018 - 7/20/2018 (2 weeks)	<input type="checkbox"/> Morning Class, for students entering 3 <sup>rd</sup> or 4 <sup>th</sup> grade in Sept. OR <input type="checkbox"/> Afternoon Class, for students entering 5 <sup>th</sup> or 6 <sup>th</sup> grade in Sept.	\$385
Late Afternoon (5PM Pick Up), add \$50		<input type="checkbox"/> \$50 or <input type="checkbox"/> \$0
Late Afternoon (6PM Pick Up), add \$100		<input type="checkbox"/> \$100 or <input type="checkbox"/> \$0
Discount (only <b>one</b> of these three discounts can be applied)	10% off for MLCCC Weekend School 2017-2018 School Year Students OR 10% off for additional siblings (if siblings enroll for different schedules, discount applies to the sibling with the lower tuition) OR 5% off for return campers (attended last summer for at least 2 weeks)	<input type="checkbox"/> x 0.90 OR <input type="checkbox"/> x 0.90 OR <input type="checkbox"/> x 0.95
\$50 Registration Fee (per family)	<b>\$50 Registration Fee waived if deposit is submitted or postmarked by 4/2/2018</b>	<input type="checkbox"/> +\$50 or <input type="checkbox"/> +\$0
<b>Total</b>		
Deposit	<b>\$100 per session (Refundable until 4/2/2018, after which it is non-refundable)</b>	
<b>Total – Deposit = Balance Due (by June 1, 2018)</b>		

**Please complete your registration form and mail it with deposit (check payable to "MLCCC") to NEW MAILING ADDRESS:**  
Main Line Chinese Culture Center, P.O. Box 745, Bryn Mawr, PA 19010

### **Referral Bonus Policy:**

Referral Bonus: \$25 bonus will be given for each new camper referred (from different family) who registers for at least 2 weeks (new = have not attended any of our camps before). There is no limit on the number of referrals.

### **Deposit Policy:**

Deposit is fully refundable if withdraw by **4/2/2018**. After **4/2/2018**, deposit is non-refundable.



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**Policy on Switching Weeks, Changing Pick Up Times, or Adding Weeks (If Space is Available):**

Before or on **6/1/2018**, no cost to switching weeks, changing pick up times, or adding weeks.  
 After **6/1/2018**, a \$5 fee per child per transaction, for each switch-of-weeks / change-of-pick-up-times (even if for a day) / addition-of-weeks. *Note that policy on reducing number of weeks or withdrawing completely is specified below.*

**Policy on Reducing Weeks or Withdrawing Completely:**

- If you reduce or withdraw **BY 4/2/2018**, you will receive a full refund of your payment.
- If you reduce or withdraw **AFTER 4/2/2018 but BEFORE you start to attend camp**, you will receive a refund of your payment minus your deposit.
- If you reduce or withdraw **AFTER you start to attend camp**, you will receive a prorated refund minus your deposit.

**Release of Liability:**

My child is voluntarily participating in the MLCCC activities at [United Church Of Christ, 45 Walker Road, Wayne, PA 19087](#). I hereby waive and discharge MLCCC, United Church of Christ (UCC), its officers, teachers, volunteers, and staff from all liability as result of my child's participation in MLCCC activities at UCC or at any events hosted by or incidental to MLCCC, whether caused by negligence or otherwise, whether resulting in any physical injury, illness or economic loss.

**Image/Name Usage Release:**

I hereby grant MLCCC the right to use my child's name and image for promotional, news, or public relations purposes in print and/or in electronic media.

**Authorized Pick-Up Persons in Addition to Parents:**

Name & Relationship to Child \_\_\_\_\_ Name & Relationship to Child \_\_\_\_\_

**Medical Information:**

1. List child's physician \_\_\_\_\_ Phone \_\_\_\_\_

2. In emergencies requiring immediate medical attention, I authorize my child to be taken to the nearest hospital.

3. If your child has medical condition(s) which might require emergency medical care,  
 (1) Describe the condition(s), including allergies, and medications currently taken if any:

\_\_\_\_\_

(2) Signs/symptoms to look for:

\_\_\_\_\_

(3) If signs/symptoms appear, do this:

\_\_\_\_\_

**To complete your registration, all parents/guardians must have READ the form, FILLED IN where necessary, and SIGN below:**  
**By signing below, I understand and agree to the policies and releases above in this form.**

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_