



2020 MLCCC's English Writing Summer Camp (Wayne) Registration Form

For students in 3rd, 4th, 5th, or 6th grades in September 2020

Location: 45 Walker Road, Wayne, 19087

Student General Information

Name:	Birth Year & Month:	Age:
School District:	Grade in Sep. 2020 :	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
8/3/2020 – 8/14/2020 (2 weeks)	<input type="checkbox"/> Morning Class, for students entering 3 rd or 4 th grade in Sept. OR <input type="checkbox"/> Afternoon Class, for students entering 5 th or 6 th grade in Sept.	\$390
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 one of these three discounts can be applied)	10% off for MLCCC Weekend School 2019-2020 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)	\$50 Registration Fee waived if deposit is submitted or postmarked by 6/1/2020	<input type="checkbox"/> +\$50 or <input type="checkbox"/> +\$0
Total		
Deposit	\$150 per session (Refundable until 6/1/2020, after which it is non-refundable)	
Total minus Deposit = Balance Due on camper's first day of camp		

All camps require a minimum # of participants. MLCCC reserves the right to cancel camp (with full refund) due to insufficient enrollment.

Please complete your registration form and mail it with deposit (check payable to "MLCCC"):

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.

NEW Late Pickup Policy: \$1 per minute late fee will be charged.

Deposit Policy: Deposit is fully refundable if withdraw by 6/1/2020. After 6/1/2020, 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 6/1/2020, no cost to switching weeks, changing pick up times, or adding weeks.

After 6/1/2020, 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 6/1/2020**, full refund of your payment.
- If you reduce or withdraw **AFTER 6/1/2020 but BEFORE you start to attend camp**, refund is payment minus deposit.
- If you reduce or withdraw **AFTER you start to attend camp**, 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.

Minimum enrollment is required to run a camp class.

Authorized Pick-Up Persons in Addition to Parents:

1. Name & Relation to Child _____ 2. Name & Relation to Child _____

Medical Information:

1. 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 allergies or medical condition(s) which may require emergency medical care, describe the condition(s), medications currently taken, signs/symptoms to look for, and what to do if condition occurs:

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 _____