

# Fame Well School

## 2020 Summer Program Registration Form

### 1<sup>st</sup> child Information

Full Name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Grade after summer: \_\_\_\_\_ School: \_\_\_\_\_

Does this child have special needs or allergies? (If yes, explain): \_\_\_\_\_

Will this child learn Chinese? ☐ Yes ☐ No If Yes what level this child will be: \_\_\_\_\_

### 2<sup>nd</sup> child Information

Full Name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Grade after summer: \_\_\_\_\_ School: \_\_\_\_\_

Does this child have special needs or allergies? (If yes, explain): \_\_\_\_\_

Will this child learn Chinese? ☐ Yes ☐ No If Yes what level this child will be: \_\_\_\_\_

### Parent/Guardian Information

Mother's Name: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Email: \_\_\_\_\_

### Emergency Contact Information

Emergency Contact Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

### Child's Physician Information

Physician's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

### **Photo Release Authorization**

I ☐ grant ☐ do not grant permission for Fame Well School to use and publish photos of my child on their website, social media, newsletters, etc.

### **Attending Weeks**

Please check the following weeks your child(ren) will attend:

- |  |   |
|--|---|
| <input type="checkbox"/> Week 1: June 1 – June 5                                 | <input type="checkbox"/> Week 6: July 6 – July 10     |
| <input type="checkbox"/> Week 2: June 8 – June 12                                | <input type="checkbox"/> Week 7: July 13 – July 17    |
| <input type="checkbox"/> Week 3: June 15 – June 19                               | <input type="checkbox"/> Week 8: July 20 – July 24    |
| <input type="checkbox"/> Week 4: June 22 – June 26                               | <input type="checkbox"/> Week 9: July 27 – July 31    |
| <input type="checkbox"/> Week 5: June 29 – July 2 (closed July 3 <sup>rd</sup> ) | <input type="checkbox"/> Week 10: August 3 – August 7 |

### **Type of Program**

Please check which type of program your child(ren) will be in:

- ☐ Weekly Full Day   ☐ Weekly Half Day   ☐ Weekly Full Basketball Camp
- ☐ Enrichment programs: Please indicate what classes you will join.   ☐ Onsite or ☐ Online

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### **T-shirt Size**

- ☐ Youth Extra Small   ☐ Youth Small   ☐ Youth Medium   ☐ Youth Large   ☐ Youth Extra Large

### **Liability Waiver**

I, \_\_\_\_\_, as the legal guardian of the child above, hereby waive and release Fame Well School and their childcare staff, teachers, organizers, and director from liability as a result of personal injury or property damage occurring while the above child/children is/are in their care at Fame Well School. I promise not to file a lawsuit or sue releases on my behalf or on behalf of my child regarding any claim arising from or related to my child's participation in any Fame Well School's programs. I understand that no insurance coverage for participants in any activities or field trips is provided by Fame Well School. I have read this release carefully before signing. I understand what this release means and what I am agreeing to by signing.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_