



2017 年多倫多華裔青少年夏令營報名表

Chinese Culture Summer Day Camp 2017 Registration Form

CAMP THEMES: Chinese Traditional Folklore and Innovation

ACTIVITIES: Arts & Crafts, Folklore Sport, Chinese Folk dance, Group Activity, etc.

本活動由中華民國僑務委員會贊助，敦請兩位來自臺灣的專業教師指導「民俗舞蹈」及「民俗體育」，讓新一代華裔小朋友有更多的機會接觸中華傳統文化，並有一個充實的暑期。歡迎 5~15 歲的學生，也歡迎不同族群的小朋友參加，分享文化交流。名額有限，請各位家長儘早報名。

Camp Dates and Hours: July 31~August 11 2017 (Mon. ~ Fri.) 9:00a.m. ~4:00p.m. (Aug. 7th Civic Holiday off)
Early drop-off at 8:30 AM and pick-up as late as 5:30 PM, 費用 Fee: \$5.00 /day

營費 Fee: \$ 300.00 包括教材費，午餐，上下午點心，水果，營服 Include Program Materials, Lunch, Snack, Fruit, T- Shirt
 交通費用 Transportation fee: \$7.00/day

營地往返 Daily round trip: (201 Town Centre Unionville to 888 Progress Ave., Scarborough)

Location: Taipei Economic & Cultural Office, Culture Centre 416-439-8889
 888 Progress Ave., Scarborough, Ontario, Canada M1H 2X7
 Early drop-off: 8:30AM Late Pick-up: 5:30 PM

Camper's Information 學生資料: (Please complete all parts of this form)

Last Name: _____ First Name: _____ 中文姓名: _____

Address: _____ City: _____ Postal Code: _____

Tel. (Res): _____ Chinese School (if applicable): _____

Date of Birth (yyyy/mm/dd): _____ Age: _____ Gender: M F

Parent's / Guardian's Name: _____ Cell: _____ Email: _____

Emergency Contact Name: _____ Relationship: _____ Tel. _____

Medical information 醫療資訊 : _____ **OHIP#** _____

List any allergies or medical condition we should be aware of :

Will your child require medication at camp?

◆ 當意外發生而聯絡不上我時，我願意讓夏令營人員以適當方法照顧我的孩子。

In the event that I / we cannot be reached in an emergency, I hereby give permission to the physician selected by the staff to secure proper treatment, to hospitalize, to order injection and / or surgery for the child named.

◆ **Waiver of Responsibility 免責聲明**

I hereby release the Chinese Culture Summer Day Camp from all claims arising from any accident, loss or injury, which are caused by or arise from participation of the applicant named on this registration form during the summer program.

◆ 我同意主辦單位可以公開使用我的孩子的照片或錄像。 Yes No

I give permission to organizer for using photo of my child taken during the camp for display.

Parent /Guardian signature 家長/監護人簽名: _____ 日期(Date): _____

Registration Method: _____ For Office use only: _____

By Mail: 139 Aspenwood Drive Willowdale, ON M2H 2G2 Tel: 416-502-3870 唐	Drop To: 888 Progress Ave. Scar. ON M1H 2X7 Tel: 416-439-8889-213 歐陽小姐	報名費: <input type="checkbox"/> A\$300.00, <input type="checkbox"/> B\$270.00 (Early Bird, 6月30日前) 托兒費 Childcare Fee: \$5.00/day <input type="checkbox"/> Yes/____days <input type="checkbox"/> No 交通費 Daily round trip : \$7.00/day <input type="checkbox"/> Yes/____days <input type="checkbox"/> No Cheque Total: _____ (Make Payable to: ECCSA)
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諮詢 Tel: 416-219-8686 施, 905-889-6869 沈 Receipt Number: _____ Date: _____