

BANGOR CHINESE SCHOOL
Chinese Dragon Camp
Registration Form

Tel: (207) 990-0710 53 Cumberland Street, Bangor, Maine 04401 Fax: (207) 990-5158

Student's Name: _____ D.O.B _____ Gender: _____

School: _____ Grade: _____

Student's Address: _____ City: _____

State: _____ Zip: _____ Food Allergy: _____

Does the student need a uniform: Yes _____ No _____ Student's Uniform Size: 10, 12, 14, 16

Name of Parents/Guardian: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

Dose the student need special care: Yes _____ No _____

Please circle dates your child will attend:

Dragon Camp: 6/25-6/29, 7/2-6, 7/9-13, 7/16-20, 8/27-31; M-F 9 am – 4 pm.

I give Bangor Chinese School permission to use, publish and republish my child's likeness for the purpose of promoting Bangor Chinese School. YES _____ NO _____

Please list any adults or relatives that are authorized to pick up your child. Be aware that a child will not be released to those who are not listed here or not listed as parent/guardian unless prior contact is made.

Name: _____ Relationship: _____

I knew the Camp from: _____

Payment is included (\$250/week): Yes _____ No _____

Signature: _____ Date: _____

To learn a language, the younger the better!

NO REFUNDS WILL BE GIVEN AFTER A PROGRAM BEGINS