



PS 244 Summer Camp Registration

137-20 Franklin Avenue Flushing, NY 11355

Phone: 718.705.2758

Email: ps244@capa-programs.org Website: www.capa-programs.org

| | | | | |
|-----------------------------|---|---|---|---|
| Student Information 學生資料 | First Name 學生名 | Last Name 學生姓 | T-Shirt Size 校服尺碼 Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> | |
| | Current School 現在就讀學校 | Grade in September 2023 九月入學年級 | Male 男 <input type="checkbox"/> | Female 女 <input type="checkbox"/> Date of Birth 生日 / / |
| | Does your child have an Individualized Education Program (IEP)? 特殊教育嗎? *Need morning teacher to fill out IEP form before enrolling in CAPA Yes No <input type="checkbox"/> <input type="checkbox"/> | Preferred language of communication? 首選語言 English <input type="checkbox"/> 中文 <input type="checkbox"/> | Medical Conditions/Allergies: 是否對食物過敏 | |

| | | | | |
|-------------------------------------|--------------------|-----------------|--|--|
| Primary Contact Information 家長資料 | First Name 家長名 | Last Name 家長姓 | Relationship to Child 與學生關係 Mom <input type="checkbox"/> Dad <input type="checkbox"/> Other _____ | |
| | Cell Phone 手機號碼 | Home Phone 家裡電話 | Work Phone 工作電話 | |
| | Street Address 地址 | Apt # 公寓號碼 | City & Zip Code 城市, 區號 | |
| | Email Address 電子郵件 | | | |

| | | | |
|-----------------------------------|--|--------------|---------------------|
| Emergency Contacts (Blue Card) | Please list (3) persons to call in case of emergency or if child is sick in school. Anyone not listed will not be authorized to pick up your child at dismissal. | | |
| | 1. Name _____ | Phone: _____ | Relationship: _____ |
| | 2. Name _____ | Phone: _____ | Relationship: _____ |
| | 3. Name _____ | Phone: _____ | Relationship: _____ |
| | If there is a person who may NOT HAVE ACCESS to child, please indicate: Name: _____ Relationship: _____ Order of protection exists? Yes _____ No _____ | | |

| | | | |
|------------------|--------------------------------|------------------------|-----------------|
| Special Requests | Place in same class as friend: | Special dietary needs: | Other Requests: |
|------------------|--------------------------------|------------------------|-----------------|

| | |
|------------------|--|
| Parental Consent | By signing this form, I hereby agree to the terms and conditions listed in the section below. I further agree to relieve Chinese-American Parents Association, referred to as "CAPA" and its staff and officers from all responsibility for any mishap resulting from providing services to my child. I further consent that I will not hold CAPA liable and I will not engage in litigations against CAPA and its staff and officers concerning my child's well being. I assure CAPA that my child has no pre-existing medical conditions unless otherwise noted on this form and that he/she is in good health. I have read and fully understand this waiver clause; I am the parent or legal guardian for this registering child. |
| | Print Name _____ Signature _____ Date _____ |

| | |
|----------------------|--|
| Terms and Conditions | 1. Registration fees are non-refundable. 2. There will be a \$100.00 refund processing fee if you wish to drop out of the camp before the refund deadline. 3. No refunds will be issued after 5/31/2023. 4. There are no refunds for sick days or absences due to personal or family related reasons. 5. Parent/guardian grants permission to CAPA to use photographs/videos taken during camp activities such as classroom activities, trips, playground activities, etc on print/web or other media for promotional, informational and advertising purposes. |
|----------------------|--|

OFFICE USE ONLY

| | | | |
|-------------------|---|---|---|
| Date Enrolled: | Payment Type <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Balance due \$ _____ <input type="checkbox"/> Balance paid in full | Regular Day <input type="checkbox"/> | Student Summer Identification Number: 23S _____ |
| Tuition Fee: | | Extended Day 3:00 - 6:00 <input type="checkbox"/> | Registration Received by: _____ |
| Trips Fee: | | | Check List |
| Registration Fee: | | | <input type="checkbox"/> Health Form <input type="checkbox"/> Trip Consent Form |
| Extended Day: | | | <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Remind |
| Total Fees: | | | |