



點閱頓中華文化中心
EDMONTON CHINATOWN MULTI-CULTURAL CENTRE

9540 - 102 Avenue, Edmonton AB T5H 0E3

Tel: (780) 424-8124 Fax: (780) 426-4430

E-mail : ecmcc@telusplanet.net

Website : www.ecmccedmonton.org

中華文化中心春令營報名表

Spring Camp Registration Form

(請以正楷填寫 **Please Print**)

參加者姓氏

Participants Last Name: _____

亞省醫療保健號碼

Alberta Health Care No. : _____

出生日期 (日/月/年)

Date of Birth (D/M/Y): _____

家長或監護人姓氏

Guardian's Last Name: _____

地址

Address: _____

住宅電話

Home Phone: _____

日間緊急事故聯絡人

Day Time Emergency Name: _____

日間緊急事故電話

Day Time Emergency Phone: _____

請列明接送小孩的監護人姓名

Who will pick up your child? _____

名字

First Name: _____

會員證號碼

Membership No. : _____

性別

Gender (M/F): _____

名字

First Name: _____

城市

City: _____

郵區號碼

Postal Code: _____

電郵:

Email: _____

關係:

Relationship: _____

請列明小孩的藥物或任何敏感症，或情緒問題等:

Please indicate any allergies, medications, behavior problems your child may have:

可否替小孩拍照？

Can your child have their picture taken? _____

Please indicate which program you would like to register your child in:

全日營：周一至周五 9:00am – 4:00pm(\$295) Drop in: \$70.00 /人/ 天
Full day camp:daily from 9am to 4pm(\$295) Drop in: \$70.00 /Day
半日營：周一至周五 9:00am – 12:00pm 或 1:00am – 4:00pm (\$200) Drop in: \$40.00 /人/半天
Half day camp: daily from 9:00am – 12:00pm or 1:00pm – 4:00pm (\$200) Drop in: \$40.00 /Half Day

- Full day Mar.27,2023 to Mar.31,2023 (\$295)

- Half day morning session 9:00am to 12:00pm (\$200)

- Half day afternoon session 1:00pm to 4:00pm (\$200)

- Full day camp drop in date: (\$70/day)

- Half day camp drop in date: (\$40/day)

退款及調班條件
Refund and Course Transfer Policy

已繳之學費概不退還及轉讓。
Tuition fees are not refundable or transferable.

如有空頭支票將須收\$35.00 手續費。

There will be a \$35.00 service charge for each N.S.F. cheque

我完全接受以上敘述之條件，同時我證明我所填寫的資料完全正確

I accept all the above conditions and certify that the information I supply is correct.

簽名 **Signature:** _____ 日期 **Date :** _____

校方專用 Office Use Only	
Student's Age : _____	Class : _____
Payment Method : _____	Receipt No : _____
Staff : _____	Payment Date : _____