

默問頓中華之化中心 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

中華文化中心夏令營報名表

Summer Program Registration Form

(請以正楷填寫 Please Print)

| 參加者姓氏 | 名字 | |
|--|---------------------------------------|--|
| Participants Last Name: | First Name: | |
| 亞省醫療保健號碼 | 會員證號碼 | |
| Alberta Health Care No. : | Membership No. : | |
| 出生日期(日/月/年) | | |
| Date of Birth (D/M/Y): | Gender (M/F): | |
| 家長或監護人姓氏 | 名字 | |
| Guardian's Last Name: | First Name: | |
| 地址 | 城市 郵區號碼 | |
| Address: | City: Postal Code: | |
| 住宅電話 | 電郵: | |
| Home Phone: | Email: | |
| 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 | 關係: | |
| Who will pick up your child? | 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, be | ehavior problems your child may have: | |
| 可否替小孩拍照? | | |
| Can your child have their picture taken? | | |

| Please indicate which progra | ກ you would like to reg | ister your child in: | | |
|--|----------------------------|------------------------------|--|--|
| □ 二個月課程由七月二日至八月廿三日 (\$630) 2 months from July 2 - August 23 (\$630) | | | 八月五日為公眾假期 August 5 – Public Holiday | |
| □ 四星期課程由 | 至 | | (\$430) | |
| Four Weeks from | to | | | |
| □ 兩星期課程由 | 至 | | (\$300) | |
| Two Weeks from | to | | | |
| □課後活動 4 時至 5 時 (\$20/ | week) 由 | | 至 | |
| After School Care 4pm-5pm (\$2 | 0/week) from | to | | |
| 已繳之學費概不退還及轉讓。 Tuition fees are not refundable 如有空頭支票將須收\$35.00 | | | | |
| There will be a \$35.00 service cl | narge for each N.S.F. chec | iue | | |
| 我完全接受以上敍述之條件, | 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 info | rmation I supply is correct. | | |
| 簽名 Signature: | | 日期 Date : _ | | |
| | | ffice Use Only | | |
| Student's Age : | C | lass : | | |
| Payment Method : | | eceipt No : | | |
| Staff: | P | ayment Date : | | |