

Language Garden Academy 言言园

V.2021.2.15

www.languagegardenacademy.com
401 N 141st Street, Seattle, WA 98133
(206) 788-7738

Mandarin Immersion Summer Camps 2021 Registration Packet ~ Page 1 of 3 ~

All weekly camps meet 9:30A–3:00P, Monday–Thursday. \$300/Camp, 2nd sibling in the same camp receives 10% off. 8 children maximum per camp. Please see camp description on website.

Camp 1 “Fairy Garden 童话花园”, July 19-22, for ages 3–5

Camp 2 “Sewing a Zoo 小裁缝的动物世界”, July 26–29, for ages 6 and up

What families can expect:

- ❖ Campers are given the opportunities to learn Mandarin while having fun with hands-on activities and outdoor dashes.
- ❖ Campers are immersed in an authentic language learning setting.
- ❖ Campers are in a nurturing environment facilitated by experienced language acquisition specialists.
- ❖ Two daily snacks are provided, one in mid-morning and one in early-afternoon. Campers need to bring own lunch and water bottle and a mask to be worn while both indoor and outdoor.
- ❖ All CDC recommended measures against COVID-10 are reinforced.
- ❖ Language Garden Academy LLC is a licensed language school in the City of Seattle and the State of Washington
- ❖ Language Garden Academy LLC is fully insured by Ameriprise to conduct on-site educational programs located at 401 N 141st Street, WA 98133.
- ❖ All staffs at Language Garden Academy LLC are native Mandarin speakers.
- ❖ At least one staffer at Language Garden Academy LLC is certified to provide pediatric First Aid and CPR.

What we expect of the campers:

- ❖ We expect campers to respect themselves, one another, the environment, and school properties.
- ❖ We expect campers to care for themselves and one another.
- ❖ We expect campers to have fun while learning Mandarin.

2021 Registration details:

- ❖ Registration for camps opens on February 15th, 2021 and until full.
- ❖ We will confirm enrollment once all forms and a \$50 deposit for each registering weekly camp are received. The deposit will hold a space for camper until May 31st, at which time the full tuition is due.
- ❖ If full tuition is not received by May 31st, space reserved in camp(s) will be released and the deposit will be forfeited.
- ❖ For any new registration received after May 31st, the full tuition is due at the time of registering.
- ❖ We may close registration at an earlier date due to capacity limitation. However, interested campers are encouraged to request to waitlist.
- ❖ When requesting to waitlist, no registration form or payment are due until a placement is firm.
- ❖ Please submit all forms (3 pages) and payment check to Language Garden Academy at 401 N 141st Street, Seattle, WA 98133; Venmo payment is accepted at Iwen Chiu @LanguageGardenAcademy.

Refund policy:

- ❖ In the event of early withdrawal from a registered space based on reviewing the “Family Quarantine Practices Survey” of all campers, refund is given prior to May 31st; and after which no refund will be given.

I understand that I am fully responsible for the terms on this page 1 of agreement as stipulated.

Parent or Guardian Signature

Date

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Camper Information					
Camper's Name			Nickname/Chinese name if any		
Current School	Grade <small>2019-20</small>	Age	Birthday <small>Month</small>	<small>Day</small>	<small>Year</small>
Parent/Guardian 1			Relationship		
Address					
Phone #s <i>(Please list two #s)</i>			E-Mail		
Parent/Guardian 2			Relationship		
Address					
Phone #s <i>(Please list two #s)</i>			E-Mail		
Emergency Contact			Phone #		
Person(s) authorized to pick up camper	Name 1	Name 2			

Camp & Tuition Agreement	
<input type="checkbox"/> Fairy Garden July 19-22, Monday–Thursday \$300	<input type="checkbox"/> Sewing a Zoo July 26-29, Monday–Thursday \$300
All camps meet from 9:30 to 3:00P on days indicated.	

Permission to publish camper's work & likeness: Language Garden Academy may use photos, images, videos, or artwork of your camper to promote the school and its programs in publications including the website, social media, print, and other materials. When mentioned in text, we use only the camper's first name. *(Please check box if yes.)*

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Parent or Guardian Signature
Date

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Medical Information				
Camper's Name				
Birthday	Month	Day	Year	Gender Boy <input type="checkbox"/> Girl <input type="checkbox"/>
Camper's Physician Name			Phone #	
Medical Insurance Carrier			Policy #	
<i>(The Children's Hospital will be our choice of emergency facility due to the age group of campers.)</i>			US Contact #	
Allergies, i.e. drugs, food, nonfood, animals, bee stings, hay fever, etc.			Symptom(s)	
			Treatment(s)	
List any medication your camper is on and for what reason.			Reason(s)	
List any developmental problems (speech, hearing, vision, walking, etc.)				

Consent for Emergency Treatment

I hereby give my permission for my child, _____, to be given emergency treatment by a qualified staff member*. I also give permission for my child to be transferred by ambulance or aid car to an emergency center for treatment. In the event I cannot be contacted, I further consent to the medical, surgical, and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

**All staffs at Language Garden Academy are certified to provide pediatric First Aid and CPR.*

Parent or Guardian Signature

Date