

Language Garden Academy 言言园

www.languagegardenacademy.com

401 N 141st Street, Seattle, WA 98133

(206) 788-7738

Mandarin Immersion Summer Camps 2018 Registration Packet ~ Page 1 of 3 ~

All weekly camps meet 9:30A–2:30P, Monday–Thursday. Please see camp description on website.

Camp 1 “Who Has a Tail? 谁有尾巴?”, July 9–12, for ages 3–5, \$280

Camp 2 “Let’s Go Camping 露营去”, July 16–19, for ages 3–5, \$280

Camp 3 “Playful Pottery 陶玩”, July 23–26, for ages 6-9, \$280

Camp 4 “Paper Intersects Art 纸艺”, July 30–August 2, for ages 6-9, \$280

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 learning environment where Mandarin is experienced with all 5 senses.
- ❖ Campers are in a nurturing environment facilitated by experienced language acquisition specialists.
- ❖ 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 summer camps located at 401 N 141st Street, Seattle, WA 98133.
- ❖ All staffs at Language Garden Academy LLC are certified to provide pediatric First Aid and CPR.

What we expect of campers:

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

2018 Registration details:

- ❖ Registration for camps opens on March 1st, 2018.
- ❖ We will confirm enrollment once we have received all forms and a \$50 deposit for each registered weekly camp. The deposit will hold a space for camper until May 15, at which time full tuition is due.
- ❖ If full tuition is not received by May 15, space reserved in camp(s) will be released and the deposit forfeited.
- ❖ For any new registration after May 15, the full tuition is due at the time of registration.
- ❖ We may close registration at an earlier date due to capacity limitations. However interested campers may request to waitlist.
- ❖ When requesting to waitlist, no registration forms or payment are due until a placement is firm.
- ❖ Please submit all forms and payments to LGA at 401 N 141st Street, Seattle, WA 98133.

Refund policy:

- ❖ In the event of early withdrawal from a registered space, refund is given minus the \$50 deposit by May 15.
- ❖ No refund is given after May 15.

V2018.2.25

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>2017-18</small>	Age	Birthday	Month	Day
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"/> Who Has a Tail? July 9-12, Mon-Thu \$280	<input type="checkbox"/> Let's Go Camping July 16-19, Mon-Thu \$280	<input type="checkbox"/> Playful Pottery July 23-26, Mon-Thu \$280	<input type="checkbox"/> Paper Intersect Art July 30-Aug 2, Mon-Thu \$280
All camps meet from 9:30 to 2:30P 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.

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Parent or Guardian Signature

Date