Language Garden Academy 言言园

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

Mandarin Immersion Summer Camps 2020 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 "Let's Go Camping 露营去", July 6-9, for ages 3-5

Camp 2 "Pottery 陶玩", July 13-16, for ages 6 and up

Camp 3 "Sewing Deliciousness 可口缝纫", July 20–23, for ages 8 and up

Camp 4 "The Science Lab 实验室", July 27-30, 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.
- 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.
- ❖ All staffs at Language Garden Academy LLC are 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.

2020 Registration details:

- ❖ Registration for camps opens on February 15th, 2020.
- ❖ 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 1st, at which time the full tuition is due.
- If full tuition is not received by May 1st, space reserved in camp(s) will be released and the deposit will be forfeited.
- For any new registration received after May 1st, the full tuition is due with the packet.
- ❖ 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 checks to Language Garden Academy 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 1st; 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 2019-20	Age	Birthday Month	Day	Year			
Parent/Guardian 1			1	Relationship					
Address	Address								
Phone #s (Please list two #s)			E-Mail	E-Mail					
Parent/Guardian 2			Relationship						
Address			-						
Phone #s (Please list two #s)			E-Mail						
Emergency Contact			Phone #						
Person(s) authorized to pick up camper			Name 2						
	Ca	ımp & Tui	ition Agr	reement					
□ Let's Go Camping July 6-9, Mon–Thur \$300	ng □ Potte July13-16, M \$300	/lon-Thur	□ Sewing Deliciousness July 20-23, Mon–Thur \$300		July 27–30,	□ The Science Lab July 27–30, Mon–Thur \$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. (<i>Please check box if yes.</i>) I understand that I am fully responsible for the terms on this page 2 of agreement as stipulated.									
Parent or Guardian Signat	- 1				Date				

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Medical Information								
Camper's Name								
Birthday	Month	Day	Year	Gender	Воу 🔲	Girl 🗆		
Camper's Physician Name					Phone #			
Medical Insurance Carrier					Policy #			
(The Children's Hospital will be our choice of emergency facility due to the age group of campers.)			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,								

Date

Parent or Guardian Signature