

- 참여하시는 기간에 체크마크 v 를 표시해 주세요 Please check mark what you would like to attend.

<input type="checkbox"/> <b>only 4 weeks (\$640)</b> <input type="checkbox"/> <b>only 5 weeks (\$775)</b> <input type="checkbox"/> <b>All 6 weeks (\$870)</b>	<input type="checkbox"/> <b>Week 1</b> <input type="checkbox"/> <b>Week 2</b> <input type="checkbox"/> <b>Week 3</b>	<input type="checkbox"/> <b>Week 4</b> <input type="checkbox"/> <b>Week 5</b> <input type="checkbox"/> <b>Week 6</b>
<b>Cash / Check #</b>	<b>Total \$</b>	

## 2023 CALS SUMMER CAMP

### Registration Form (일시 : 7/10 - 8/18)

Child's name		Gender	Boy / Girl
Child's Age		Date of Birth	
Mother's Name		Cellphone	
Father's name		Cellphone	
Home address			
Primary E-mail			
Emergency contact	Name		Relationship
	Cellphone		
Do your child attend school?	Yes / No	School Name	
Do you attend church?	Yes / No	Home Church Name	
Special, Allergy etc. Important information about your child that will help us care for him/her ☺			
Date of Registration			

**Please turn in registration forms to the office with the registration form.**

**Please make checks payable to CALS**

## 2023 CALS SUMMER CAMP

All members must have this form filled out completely and returned in order to be able to participate in the activity. Incomplete forms will not be accepted.

### Child Release Form

**Name of the Program : 2023 CALS Summer Camp**

**Date of Activity or Event: July 10<sup>th</sup> – Aug. 18<sup>th</sup> (6weeks)**

Name of student: \_\_\_\_\_

I, (보호자 이름) \_\_\_\_\_, parent or legal guardian of the above name child, do hereby grant my permission for said child to participate in the **2023 CALS Summer Camp** of Christian Academy of Little Saints. I hereby waive my right to any legal action against Christian Academy of Little Saints, its teachers, employees, and volunteers. I accept full responsibility for the actions of my child, and understand that non-compliance with the rules and policies set forth by Christian Academy of Little Saints could result in my child being refused service. Furthermore, I will not hold Christian Academy of Little Saints responsible for any and all complications that can arise.

### Consent to Medical Treatment

I,(보호자 이름) \_\_\_\_\_, parent or legal guardian of the above name child, do hereby grant my permission for said child to receive emergency medical care if:

1. Such care is deemed necessary by the adult supervisor having custody of my child at the above-mentioned activity.
2. The proposed medical treatment or procedures are immediately or imminently necessary and any delay occasioned by an attempt to obtain my personal consent would reasonably jeopardize the life, health, or well-being of the child affected; and,
3. I cannot be personally contacted.

I further acknowledge that I have read and understood the above statement.

보호자 이름 (Guardian's name) \_\_\_\_\_

날짜 (Date) \_\_\_\_\_

서명(Signature) \_\_\_\_\_