

# 科泉市中文学校夏令营

## 2025 Chinese Culture Summer Camp Registration Form (One per Family)

Student #1 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex: M/F \_\_\_\_\_

Date of Birth \_\_\_\_\_ (MM/DD/YYYY) Age: \_\_\_\_\_ Grade in Fall2025: \_\_\_\_\_

Student #2 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex: M/F \_\_\_\_\_

Date of Birth \_\_\_\_\_ (MM/DD/YYYY) Age: \_\_\_\_\_ Grade in Fall2025: \_\_\_\_\_

Student #3 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex: M/F \_\_\_\_\_

Date of Birth \_\_\_\_\_ (MM/DD/YYYY) Age: \_\_\_\_\_ Grade in Fall2025: \_\_\_\_\_

Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parents/Guardians Name \_\_\_\_\_ Email address: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Student will be picked up by: \_\_\_\_\_

(Please list the authorized person(s) to pick up your student)

Camp Fee: \$200 per student (register before June 2, 2025)  
\$220 per student (register after June 2, 2025)  
\$45 per day per student for joining selected dates only

# Of Students	Camp Fee	Total
_____	x (\$200/ \$220)	= _____

or

# Of Students	days (circle the day)	Camp Fee	Total
_____	x ( M, T, W, Th, F )	x \$45	= _____

\*Please fill out three forms (**Registration form, Permission/medical release form and CSCLS waiver of claims**) and make check payable to CSCLS and mail to **CSCLS, P.O. Box 51004, Colorado Springs, CO 80949**

\*Questions? Please contact [cshineschool@gmail.com](mailto:cshineschool@gmail.com) or 719-201-7292

\*CSCLS reserves the right to cancel the summer camp due to unexpected circumstance. In the event the summer camp is cancelled, tuition payments will be fully refunded.

\***Refund Policy:** full refund before 06/18/2025; 50% refund before 06/22/2025no refund after 06/22/2025.

**\*If you kids have any food allergy, please bring his/her snack and lunch. Please notify us.**