

科泉市中文学学校夏令营

2026 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 Fall2026: _____

Student #2 Last Name: _____ First Name: _____ Sex: M/F _____

Date of Birth _____ (MM/DD/YYYY) Age: _____ Grade in Fall2026: _____

Student #3 Last Name: _____ First Name: _____ Sex: M/F _____

Date of Birth _____ (MM/DD/YYYY) Age: _____ Grade in Fall2026: _____

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: \$210 per student (register before June 8, 2026)
\$230 per student (register after June 8, 2026)
\$50 per day per student for joining selected dates only

| # Of Students | Camp Fee | Total |
|---------------|--------------------|-------|
| _____ | x (\$215/ \$235) = | _____ |

or

| # Of Students | days (circle the day) | Camp Fee | Total |
|---------------|------------------------------|----------|-------|
| _____ | x _____ (M, T, W, Th, F) x | \$50 = | _____ |

*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 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 06/13/2026; 50% refund before 06/20/2026 no refund after 06/20/2026.

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