

Horizon Camp Registration Form / 地平线夏令营报名表

岛内 Montreal
 南岸 South Shore
 其它

File No: 2011 _____ Student ID: 2011 _____

Student Information / 学生信息

Family Name/ 姓 _____ Given Name/ 名 _____ Sex/ 性别 M F

(以上请填写报税用名/ Tax receipt name)

Date of Birth/ 出生日期 _____ (YR)年 _____ (MO)月 _____ (DAY)日

Family Address/家庭住址: _____ Post Code/邮编: _____

E-mail 电子邮件: _____ @ _____

Medicare Number/医疗保险卡号: _____ - _____ - _____ EXP: _____

Language spoken and understood /母语 & 其它常用语言: _____

Uniform Size/营服号码: XL ___ L ___ M ___ S ___ XS ___

Grade/年级: (Completed by June 27th 2011/ 在 2011 年 6 月 27 日之前完成的年级)

- Preschool/ 学前班 0
- Elementary/ 小学 1 2 3 4 5 6
- Secondary / 中学 1 2 3 4 5
- Welcome / 欢迎班: 入班时间:

Sisters or brothers from the same family in our camp? /是否有兄弟姐妹在我们夏令营?

Name/ 姓名: _____ Grade/ 年级: _____

Parents or Guardians Information / 父母监护人信息

Mother's Family Name/母亲姓: _____ Mother's Given Name/母亲名: _____

Father's Family Name/父亲姓: _____ Father's Given Name/父亲名: _____

Telephone Numbers/电话号码:

Home/家庭: (____) _____

Work/工作单位 (____) _____ Cell Phone/手机: (____) _____

Tax receipt required? /是否需要报税? () YES / 是 () NO / 不

Please choose mother or father for tax return/请选择母亲或者父亲做报税人 (单选)

() MOTHER ONLY/ 母亲: S.I.N/社会保险号: _____ - _____ - _____

() FATHER ONLY/ 父亲: S.I.N/社会保险号: _____ - _____ - _____

Emergency Contacts / 除父母之外其他联系人

Name/姓名: _____ Relation to child/和孩子的关系: _____

Home Phone/住宅电话: (____) _____ Other/其他 (____) _____

Does your child suffer from any of the following/ 您的孩子是否有下列疾病?

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Epilepsy/癫痫 | <input type="checkbox"/> Hemophilia/血友病 | <input type="checkbox"/> Hearing Problem/听力问题 |
| <input type="checkbox"/> Diabetes/糖尿病 | <input type="checkbox"/> Hyperactivity/多动症 | <input type="checkbox"/> Asthma/哮喘 |
| <input type="checkbox"/> Allergies/过敏 | <input type="checkbox"/> Vision Problem/视力问题 | <input type="checkbox"/> Incontinence/尿失禁 |

Other, Please specify / 其他症状: _____

How have you heard about our day camp? / 如何得知我们的夏令营?

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Friend / 朋友 | <input type="checkbox"/> Sinoquebec / 蒙城华人 | <input type="checkbox"/> Poster / 宣传单 |
| <input type="checkbox"/> Internet / 网络 | <input type="checkbox"/> Quebec Chinese Information / 路比华讯 | <input type="checkbox"/> Other / 其它 |

Reservation, Cancellation, and Refund Policy:

夏令营报名, 取消, 或退款条款:

1. For cancellation made before attending the fourth camping day, we will refund all paid fees less your \$35.00 administration fee; please allow 3 weeks for the refund to be processed;
开营后第四天中午 12 点之前申请取消报名资格者, 可以无条件退还除 35 元管理费以外的所有已付款项; 您将在三周之后收到退款;
2. There are no refunds for sick days or missed days within a session;
在夏令营期间如果因为生病或其他原因不能来的时候不能退款;
3. Horizon Camp, its staff and administration are not responsible for any and all claims of loss and damage to property, however caused, or to any party arising directly or indirectly from the child's participation in the camp program;
地平线夏令营及其工作人员不对学生在夏令营期间的任何直接或间接导致的财产损失负责;
4. Multicultural Academy Canada owns all the final explanation of all the Horizon Camp policies. .
地平线教育对所有夏令营政策拥有最后解释权。

Declaration of the Applicant:

申请人或学员监护人签字:

I have read and accepted the agreement and all the camp policies;

I authorize the Horizon Camp to permit the above-mentioned child to participate in all outings and all related activities unless otherwise specified in writing:

I am aware that the Horizon Camp produces promotional materials (video, photographs, and slides) which may include my child.

我确认已经认真阅读而且了解本合同的中英文内容，并完全接受上述条款；

我同意并授权地平线夏令营带本人的孩子参加外出活动；

我意识到并同意地平线夏令营在宣传中使用出现本人或者本人子女肖像的资料。

Signature: _____ **Date:** _____

Week	Date	Registration	Camp	Daycare	Activity	Bus	Sub Total
1	June 27 – July 01						
2	July 04 – July 08						
3	July 11 – July 15						
4	July 18 – July 22						
5	July 25 – July 29						
6	Aug 01 – Aug 05						
7	Aug 08 – Aug 12						
8	Aug 15 – Aug 19						
	Total / 总计						

Payment Methods 付款方式

Cash Check Visa MasterCard

Card No: Expiry Date: _____

I hereby authorize Multicultural Academy to debit my credit card account with the amount of _____

Holder's Name: _____

Signature: _____

FOR OFFICE USE ONLY

First payment: _____ Balance: _____ Date: _____ Method: _____ Sign _____

Second payment: _____ Balance: _____ Date: _____ Method: _____ Sign _____

备注 Notes:
