



**INTERCONNECTED WORLD SUMMER CAMP
REGISTRATION FROM**

Registration Date: _____

Sessions (check one or both): Aug 3 - Aug 7 - Magical Creatures
Aug 10- Aug 14 - Farm to Table Chinese Cuisine

Ages: 3-8
Preschool camp (Ages 3-5)
**must be toilet-trained*
Early Elementary camp (Ages 6-8)

Cost
Half-day camp (8:00 am - 12:00 pm) \$200/week
Full- day camp (8:00 am - 3: 00 pm) \$285/week (Early bird rate: \$250, register and pay by May 1)
After-camp care (3:00 pm - 6:00 pm) \$20/day or \$90/week

Grand Total: \$ _____

Payment Methods: I will pay by check or money order made out to NWCA.
Please send an invoice to my email so that I may pay by EFT.
My email address: _____

Student Information

Last Name First Name Middle Name(s) Preferred First Name

DOB Gender Grade

Primary Language spoken at home Other Language(s) spoken/understood

Address

Parents / Legal Guardian Information 1

Last Name First Name Middle Name(s) Preferred First Name

16869 SW Blanton st,
Aloha, Oregon
(503) 546-3455
nwchineseacademy.org



Relationship to Student	Gender	Language Spoken
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Parent Home Address (if different than student's)	City/State/Zip
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Email Address	Cell/ Home Phone	Occupation or Job Title
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Parents / Legal Guardian Information 2

Last Name	First Name	Middle Name(s)	Preferred First Name
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Relationship to Student	Gender	Language Spoken
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Parent Home Address (if different than student's)	City/State/Zip
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Email Address	Cell/ Home Phone	Occupation or Job Title
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Emergency Contact

All families are required to supply NWCA with a secondary emergency contact in the event that a child's parents/primary guardian cannot be reached. I understand and agree that this emergency contact will be authorized to make decisions in case of emergency, serious illness or accident involving my child.

Last Name	First Name	Middle Name(s)	Preferred First Name
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Phone Number	Relationship to student
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16869 SW Blanton st,
Aloha, Oregon
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Medical Information

My child is allergic to/has the following medical conditions:

If your child requires medicine during school hours, please complete and submit a **NWCA Medication Form** (available from the school office) and supply the following information and documents to the school:

- The physician's or parent's orders
- The medicine in its original container with the label attached
- Complete and clear written instructions of the type of medicine, dosage, and time/s and date/s to be administered. (Prescription medicine will already have the health provider's instructions on the pharmacy label as per Oregon statutes.)

Payment Methods

- Check or Money Order*
- EFT via Electronic Invoice

*Payments by check or money order should be mailed or delivered to:

Northwest Chinese Academy

Attn: Summer Camp

16860 SW Blanton St

Aloha, Oregon 97078

Cancellation Policy

Once registered, there is a **\$50 non-refundable registration fee**.

If you cancel two weeks or more before the session starts, you will be refunded the full cost of the program, minus the \$50 registration fee. If you cancel less than two weeks before the session begins, then no refund will be made.

If minimal enrollment is not met for the camp, then the school reserves the right to cancel the session. In this case, a full refund will be offered.

Signature of parent/ Guardian: _____ **Date:** _____