

The Yang Academy, Inc.

P.O. Box 10182, Gaithersburg, MD 20898

Tel: 301-208-8821 ext. 0; Fax: 301-208-8821

Website: www.yangacademy.com; Email: ya "at" yangacademy "dot" com

2017 French Summer Camp Registration Form

Student's Name _____ Date of Birth _____ School _____

Student's Name _____ Date of Birth _____ School _____

Address _____

Parents' Names _____

Father

Mother

Home Phone # _____ Email _____

Work Phone # _____

Father

Mother

Please circle the weeks your child/children will attend the camp:

August 7-11, August 14-18

Before March 1, tuition is \$200 per week for the first child and \$160 per week for each additional sibling.
After March 1, tuition is \$220 per week for the first child and \$176 per week for each additional sibling.

Total Amount Due \$

Name and signature of the person responsible for financial obligations:

Name (please print)

Signature

Date

Payment should be made by check (payable to The Yang Academy, Inc.)

Please submit this form to:
French Camp Director
The Yang Academy, Inc.
P.O. Box 10182
Gaithersburg, MD 20898

The Yang Academy, Inc.

P.O. Box 10182, Gaithersburg, MD 20898

Tel: 301-208-8821 ext. 0; Fax: 301-208-8821

Website: www.yangacademy.com; Email: ya "at" yangacademy "dot" com

Student Emergency Contact Information

Student's Name _____ Date of Birth _____
First, Middle, Last Month, Date, Year

Address _____

Home Phone # _____ Email _____

Mother's Name: _____ Daytime Phone #: _____

Father's Name: _____ Daytime Phone #: _____

Emergency Contact: _____ Daytime Phone #: _____
(In the event that a parent/guardian cannot be reached)

Physician's Name: _____ Phone #: _____

Dentist's Name: _____ Phone #: _____

Hospital Preference: _____

Does your child have a medical condition for which he/she requires daily medication?

Yes No (If yes, please list)

Does your child have any allergies? Yes No (If yes, please list)

AUTHORIZATION: Signature below authorizes staff of the Yang Academy to seek emergency medical treatment for the above named student.

Parent's Name Signature Relationship Date

The Yang Academy, Inc.

P.O. Box 10182, Gaithersburg, MD 20898

Tel: 301-208-8821 ext. 0; Fax: 301-208-8821

Website: www.yangacademy.com; Email: ya "at" yangacademy "dot" com

I hereby give permission for images of my child, photographed while at the Yang Academy, to be included in Yang Academy's newsletter or website.

____ Yes, I give permission for images of my child, _____, to be included in Yang Academy's newsletter or website.

____ No, I do not give permission for images of my child, _____, to be included in Yang Academy's newsletter or website.

Signature of Parent: _____ Date: _____