

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 Math Enrichment 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:
Math Camp Director
The Yang Academy, Inc.
P.O. Box 10182
Gaithersburg, MD 20898

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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

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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: _____