



CHINESE-AMERICAN FAMILY COALITION

CAFC ART CENTER

2017 SUMMER PROGRAM APPLICATION FORM

| STUDENT'S INFORMATION        |     |         |  |
|------------------------------|-----|---------|--|
| Name:                        |     | DOB:    |  |
| Grade in Sept.               |     | Tel:    |  |
| School:                      |     |         |  |
| Address:                     |     |         |  |
| PARENTS' INFORMATION         |     |         |  |
| Mother                       |     | Father  |  |
| Cell:                        |     | Cell:   |  |
| E-mail:                      |     | E-mail: |  |
| APPLYING FOR: (PLEASE CHECK) |     |         |  |
| 1-4 Weeks:                   |     |         |  |
| 5 Weeks and up:              |     |         |  |
| REMARK:                      |     |         |  |
| Food Allergy:                | YES | NO      |  |

**Agreement**

I am enclosing the total registration fee and tuitions for 2017 Summer Camp for each child. It is my understanding that once the program starts the above fees are not refundable. I further understand that there will be no refund for any absence during the program.

I hereby permit my child to participate in all activities of 2017 Summer Camp on its site.

I hereby permit the Camp to administer first-aid to my child.

\*Signature Of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_