

Multicultural Summer Camp Registration Form

For children of all cultures, age 5-12

June 6 – August 12, 2022, 8:00 a.m. to 6:00 p.m.

Asian American Cultural Center

Where East meets West

11713 Jollyville Road, Austin, Texas 78759

512-336-5069 voice/336-5075 fax

www.asianamericancnc.com

Name of Child: _____ Gender: M / F
Name of School: _____ Date of Birth: _____

Name of Parent/Guardian: _____
Address: _____

Home phone: _____ Cell Phone: _____

Work phone/other: _____

Email address: _____

Employer's Name: _____

Emergency contact's name and phone number: _____

Person(s) authorized to Pickup (Except Parents):

Name: _____ Phone _____ TDL# _____

Name: _____ Phone _____ TDL# _____

Health History (please give approximate dates of occurrence):

Bleeding & clotting disorders _____

Allergies:

Chicken Pox _____

Asthma _____

Diabetes _____

Food _____

Epilepsy _____

Grass/tree _____

Heart Disease _____

Insect bites/stings _____

High Blood Pressure _____

Insecticide _____

Measles _____

Others _____

Mumps _____

Hospitalization _____ and reason(s) _____

Insurance information:

Child is insured by Parent/Guardian (full name: _____)

Insurance Company: _____ Policy # _____

Child's Doctor Name & Phone # _____

2022 Multicultural Summer Camp Classes Registration Form – page 2

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Multicultural: East meets West Summer Camp: language, culture, calligraphy, origami, paper cutting, martial arts, games, cooking, song & dance and theater.

Tuition and Fees: \$300 per week (lunch & 2 snacks are provided); 5% discount to enroll for 4 weeks and/or with siblings. Please make checks payable to AACC.

Parent/Guardian Authorization:

- I understand that neither AACC nor its paid staff or volunteers can be held responsible in the event of accident(s) resulting in injuries or accidental death.
- I understand that class work made by my child and photos taken of my child may be used by AACC in its future publications.
- I authorize my child to view G-rated cartoons video or movies.
- I authorize my child to take part in water activities.
- I acknowledge that AACC does not offer any medical insurance to protect against any form of risk leading to injuries, and has no responsibility for any medical expenses so incurred. I agree to assume such risks and such financial responsibility.
- I declare my child is in good physical condition and has my permission to participate in all activities arranged by AACC.
- I give permission to AACC to arrange for emergency/medical personnel to carry out any types of check-ups/test/treatments as professionally required by these personnel, in case my child has an accident or becomes sick, and I cannot be reached.
- I understand the AACC Summer Classes registration policies listed above.

Signature of Parent/Guardian

Date

Office use only:

Check Amount \$ _____ (Check # _____)

Cash Amount \$ _____

Date Received: _____ Received by (AACC personal initials): _____