

"My Chinese Treehouse" Summer Language Camp Registration Form

Today's Date / /
D D M M Y Y Y Y

Student information (PLEASE PRINT) :

DOB / / Age Rising Grade

Female Male

First Name _____ Last Name _____

Preferred Name or Nickname _____

Address _____

City _____ State Zip

Phone Number () - E-mail _____ @ _____ . _____

Please pick your camp week(s)

Camp Week 1

Camp Week 2

Camp Week 3

Camp Week 4

PICK-UP CODE WORD _____

PARENTS/GUARDIANS MUST HAVE A PICK-UP CODE WORD
TO PICK UP THEIR STUDENT!

Parent(s)/Guardian Name _____

Address _____

City _____ State Zip

Mother Cell # () - Father Cell # () -

Guardian Cell # () -

Mother Work # () - Father Work # () -

Guardian Work # () -

Mother/ Father/ Guardian's signature: _____
(Please pick one)