



- * **Camp fee: \$ 300 per week per camper**
Discount: (May be applied only one type and once for each camper)
 [Referring another camper(s) **or** Siblings **or** Returning camper **or**
 Being referred by a former camper → **\$ 50 off per week**]
- * **Registration deadline: July 15th, 2016 (Friday)**
- * Maximum of **60** campers will be accepted.
- * Campers can be **dropped off at 8:30 AM** and **picked up before 5:30 PM.**
- * Camp site: **Centereach High School, 14 43rd Street, Centereach, NY 11720**
- * Application form is available at <http://LILittleDragons.webs.com>

課程表 Lesson Schedule

<i>This schedule is subject to minor change.</i>	Elementary Class (5 ~ 7 years-old)	Middle Class (8 ~ 10 years-old)	Youth Class (Age 11 and older)
9:00 ~ 10:20 AM	Dance 傳統舞	Arts/Crafts 手工藝	Taiko Drum 太鼓
10:30 ~ 11:50 AM	Arts/Crafts 手工藝	Taiko Drum 太鼓	Yo-Yo 扯鈴
12:00 ~ 1:00 PM	LUNCH 午飯	LUNCH 午飯	LUNCH 午飯
1:00 ~ 2:20 PM	Taiko Drum 太鼓	Yo-Yo 扯鈴	Dance 傳統舞
2:30 ~ 3:50 PM	Yo-Yo 扯鈴	Dance 傳統舞	Arts/Crafts 手工藝

長島小龍中文學校
 亞洲文化夏令營
 2016 Long Island
 Little Dragons
 Chinese School Inc.
**Asian Cultural
 Summer Day-Camp**

August 1st ~ 5th (M.~F.)
 &
 August 8th ~ 12th (M.~F.)

WHY ?

**LEARN THE
 CHINESE LANGUAGE**
 學中文 /xue-zhong-wen/

WHEN ?

SATURDAY
JUNE 4th & JUNE 11th
11:30 AM ~ 1:30 PM

WHAT ?

**COME AND FIND OUT
 YOURSELF ☺**



WHERE ?

**DAWNWOOD
 MIDDLE SCHOOL
 10 43RD STREET
 CENTERACH
 NY 11720**

WHO ?

K~12 & ADULTS

HOW ?

JUST SHOW UP!

Website → <http://LILittleDragons.webs.com> ←

Please feel free to contact **Jerry Chen @ (631) 846-9210** or
 email **LI.Little.Dragons@gmail.com** for any question.

- * Long Island Little Dragons Chinese School Inc. is a registered 501(c)(3) nonprofit organization.
- * These programs are not affiliated with the Middle Country Central School District.
- * These programs are not affiliated with the Miller Place Union Free School District.



2016 年 長島小龍中文學校 亞洲文化夏令營 報名表
Long Island Little Dragons Chinese School Inc.
Asian Cultural Summer Day-Camp
Registration Form
August 1st (Monday) ~ 5th (Friday)
& August 8th (Monday) ~ 12th (Friday)

(Please complete a separate form **for each participant.**)

Child's Name (English: First Name Last name)

(Chinese: Last Name, First Name)

_____/_____/_____

Child's Birth Date (mm/dd/yyyy) [Must be born before 12/01/2010]

Gender

S	M	L	XL
**T-shirt (Child size)			
or S M L			
**T-shirt (Adult size)			

Home Address

City

State

Zip

(_____) _____

Home Telephone

Email address

Parent's Name

(_____) _____

Emergency Contact Telephone (Cellular or Office or Home)

Parent's Name

(_____) _____

Emergency Contact Telephone (Cellular or Office or Home)

About the registration: (Deadline Friday, July 15, 2016)

1. Long Island Little Dragons Chinese School (LILDCS) Inc., a 501(c)(3) non-profit organization, reserves the right to exclude, at any time, participants whose conduct, influence or behavior is deemed harmful to the best interests of the program or its participants.
2. Please make the check *payable* to **LILDCS Inc.** and return the completed registration form *and* check to Jerry Chen during the school/Saturday hours.
3. **To register by mail**, please send the registration form and check **for each participant** to LILDCS Inc., 54 Laurelton Ave, Selden, NY 11784.
4. Online registration is available at **LILittleDragons.webs.com** with Paypal option.
5. Camp site: **Monday ~ Thursday** @ Centereach High School, 14 43rd Street, Centereach, NY 11720
Friday @ Centereach Fire Department, 9 S. Washington Ave, Centereach, NY 11720
6. For any camp-related questions, please feel free to call Jerry Chen at (631) 846-9210 or e-mail to **LI.LittleDragons@gmail.com**.
7. **Lunch is not included** from Monday through Thursday. (Lunch boxes can be ordered for \$7 each).
8. On Fridays, a pizza lunch/party will be provided and is free to all campers.
9. A theme-showcase of all campers will start at **1:30 PM on Friday, August 12th, 2016**. Parents, relatives, and friends are all welcome to join ☺

Payment: (\$50 non-refundable registration fee is included in the camp fee.)

(\$50 discount may be applied only one type and once for each camper per week.).

Camp Fee: (<i>Check one.</i>) <input type="checkbox"/> \$ 300 (1 week, no discount, 8/01 or 8/08) <input type="checkbox"/> \$ 250 (1 week, with discount, 8/01 or 8/08) <input type="checkbox"/> \$ 600 (2 weeks, no discount) <input type="checkbox"/> \$ 500 (2 weeks, with discount)	The Week of 8/01 or 8/08	Type of discount (<i>check all that apply.</i>): <input type="checkbox"/> Former camper <input type="checkbox"/> Referred by a former ☺ camper _____ <input type="checkbox"/> Current student at LILDCS <input type="checkbox"/> Sibling ** Please add \$10 for each additional T-shirt.
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Please complete both pages of this form.

Emergency Authorization Form

- In the event that *Long Island Little Dragons Chinese School Inc.* cannot reach you in case of accident or other emergency, please designate up to two people who may grant permission for emergency medical treatment for the participant.

(1)

Full Name (_____) Home Phone

Relationship to Participant (_____) Emergency Contact Phone

(2)

Full Name (_____) Home Phone

Relationship to Participant (_____) Emergency Contact Phone

- Do you give *Long Island Little Dragons Chinese School Inc.* permission to authorize emergency care if *Long Island Little Dragons Chinese School Inc.* is unable to reach the person(s) named above?
 Yes No

- As a parent or legal guardian of _____, I, _____, hereby authorize *Long Island Little Dragons Chinese School Inc.* at my expense to call an ambulance, take my child to a physician of *Long Island Little Dragons Chinese School Inc.*'s choice, and to consent to any X-ray examination, anesthetic, diagnosis, medical or surgical treatment deemed necessary, if I or a person listed above cannot be reached by telephone. This permission is in effect for the duration of my child's enrollment at *Long Island Little Dragons Chinese School Inc.* Asian-Cultural Summer Day-Camp.

Signature _____ Date _____

Physician and Health Insurance Info:

Physician's Name (_____) Physician's Phone

Hospital Preference, if any Health Insurance Co. ID# Group #

Chronic Illness or Allergies:

Person(s) authorized to pick up your child from the cultural summer day-camp:

Full Name Relationship (_____) Home Phone (_____) Work Phone

Full Name Relationship (_____) Home Phone (_____) Work Phone