

2023

한무리 여름학교

REGISTRATION FORM

*Must fill out one application per child (자녀마다 각각의 등록신청서를 작성해 주세요) Registration No. (접수번호) _____

Student Name(이름)	Korean (국문):		English (영문):		
DOB (생년월일)	:	/	/	(mm/dd/yy) () Grade in September 2023	Gender (성별): 남 M 여 F
Address (주소)					
Parent/Guardian Information (부모/보호자 연락처)	Mother/Guardian (어머니/보호자):		Father/Guardian (아버지/보호자):		
	Cell # (핸드폰):		Cell # (핸드폰):		
	Work # (직장):		Work # (직장):		
	E-mail (이메일):		E-mail (이메일):		
Emergency Contact (긴급연락처)	Name (성명):		Contact # (전화번호):	Relationship (관계):	
	Please list the name of people who have permission to pick up your child: 라이드하시는 분이 부모가 아닌 경우 Name: _____ Phone# _____ Relationship w/ Student _____				
Parent's Health Statement for School-Age Child (건강 및 주의사항) *Submit the Health record & Immunization record	<input type="checkbox"/> My child is in good health, is able to participate in group care, and has no special health or medical requirements. 건강에 특이사항 없이 그룹활동에 참여할 수 있습니다. <input type="checkbox"/> My child is able to participate in group care but has special health or medical requirements as listed below. 그룹활동을 위해 특별한 케어가 필요합니다. Please list any allergies, special medical conditions, and chronic health problems (such as asthma, seizures, behavioral disorders, special needs, etc. 알러지나 특별한 컨디션, 병명 등이 있으면 기록해 주세요.				
	Emergency medical conditions: <input type="checkbox"/> Signs/symptoms to look for/To prevent incidents:				
Name of Child's Physician/Medical Care Provider:			Telephone Number:		
Name of Insurance Company:			Policy Number:		
Siblings attending this Summer School (여름학교 출석 형제)	1	Name (성명)	Grade (학년):	DOB (생년월일):	
	2	Name (성명)	Grade (학년):	DOB (생년월일):	

Church Attending 1) Church (교회): _____ 2) Not attending any church (교회 안 다님) Religion: _____

Registration (등록)
*등록비와 학비
수표를 따로 준비해
주시기 바랍니다.
Please prepare two
separate checks
for tuition and
registration.

T-Shirt Size Check One: YXS YS YM YL YXL AS
 Other: _____

<input type="checkbox"/> First Child Tuition \$1,100	<input type="checkbox"/> Second Child Tuition \$1,050	<input type="checkbox"/> Third Child Tuition \$ 1,000
<input type="checkbox"/> Registration Fee \$50	<input type="checkbox"/> Registration Fee \$50	<input type="checkbox"/> Registration Fee \$50
<input type="checkbox"/> Lunch \$200	<input type="checkbox"/> Lunch \$200	<input type="checkbox"/> Lunch \$200
<input type="checkbox"/> Field Trip \$300	<input type="checkbox"/> Field Trip \$300	<input type="checkbox"/> Field Trip \$300
<input type="checkbox"/> Early Care(8:30am-9:00am) \$140	<input type="checkbox"/> Early Care(8:30am-9:00am) \$140	<input type="checkbox"/> Early Care(8:30am-9:00am) \$140

Please make check payable to: **HANMOORY CHURCH**
 1) 등록금은 4/12(수)에 deposit 함을 알려드립니다. Deposit 이후에는 Cancellation Policy가 적용됩니다.
 ※ **Cancellation Policy : 50% Refund by 5/18 and No Refund after 5/12**
 2) 등록비 \$50은 환불이 불가능합니다. (Registration Fee \$50 is non-refundable)
 3) Late 등록 (4/2 이후 등록)은 \$100 Per Child 추가됨을 말씀드립니다.

I, the undersigned parent/guardian of (학생이름) _____, a minor, do hereby authorize adult teachers, staffs, and directors of Hanmoory Summer School as agents for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability Hanmoory Church, any of its teachers, volunteers, staffs, and directors in the event of any accident on route, during and returning from the above-mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

나는 보호자로서 의료책임자가 권유하는 의료행위에 대한 동의 권한을 한무리 여름학교에게 위임합니다. 나아가, 위에 명시된 행사기간 중 그리고 오가는 과정에서 발생하는 사고에 대하여 한무리 여름학교에게 책임을 묻지 않겠습니다. 이 합의는 고의적인 직권 남용 혹은 태만에는 적용되지 않습니다.

Patient/Guardian signature (보호자 서명): _____ Date (날짜): _____

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or videos of the student registered above. I also grant the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media.

여름학교 진행 중 학생의 사진이나 동영상 등을 촬영할 수 있고, 이를 비영리적 목적으로 사용할 수 있음을 허락합니다.

Patient/Guardian signature (보호자 서명): _____ Date (날짜): _____

FOR OFFICE USE:

Date Received	Check #: _____ Cash <input type="checkbox"/>	HEALTH & IMMUNIZATION	M
/ / 2023	Amount: \$ _____	/ / 2023	D