



2019 Summer Camp Application Form

43687 Mission Blvd. (across Ohlone College) , Fremont, CA 94539

Contacts: (510) 565-2518/(510)252-1186

Student's Information

English Name: _____ Chinese Name: _____ Birth Date: _____ Gender: F / M

Home Address: _____ Home Phone: _____

2019 Summer Camp Attendance:

Start Date: _____ End Date: _____ Total Weeks Enrolled _____ Total Tuition: \$ _____

Weeks Attending (Please Check):

- June.10 – June.14 June.17 – June. 21 June.24 – June.28 July. 1 – July. 5
- July.8 – July.12 July. 15 – July. 19 July. 22 – Jul. 26 July. 29 – Aug. 2
- Aug. 5– Aug. 9 Aug. 12 – Aug. 16 Aug. 19 – Aug. 23 Aug. 26 – Aug. 30

Sessions Attending (Please check):

Whole day (8:30 am – 6:30 pm) Morning Session (8:30 am – 12:00 pm) Afternoon Session (12:00 pm – 6:30 pm)

Elective Enrichment Classes (Please check): lunch () No Lunch ()

() Cooking (Extra+30/week)、 () Creative Arts (Extra+20/week)

Registration Fee: \$50.00 (Applied to New Student Only; Non-refundable)

Parents' Information

English Name: _____ Chinese Name: _____ Relationship: Father / Mother

Employer: _____ Work Phone: _____ Cell Phone: _____ Email: _____

English Name: _____ Chinese Name: _____ Relationship: Father / Mother

Employer: _____ Work Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact /Medical Information

Emergency Contact Person Name: _____ Address: _____ Phone: _____

Insurance/Hospital Name: _____ Medical ID: _____ Doctor Name: _____

Phone: _____ Medical Concerns (allergies, medicine, health problem etc.): _____

Liability Release Form

I, the undersigned parent, give permission for the individual named herein to participate in the Summer Enrichment Camp provided by AllStar Institute, LLC (“AllStar”). I also agree to indemnify and hold harmless to AllStar, including its shareholders, officers, directors, teachers, employees, independent contractors from and against any liability or illness in case of accidents or injuries, that may arise on account of or in any way be connected with his/her utilization of the transportation service to participate in the field trips, or consumption of the food or snack provided by AllStar. I further give the AllStar staff permission to authorize any medical diagnosis of treatment and hospital care in case of accident/illness in the duration of the program if all the persons listed above cannot be reached in an emergency. I have listed above Medical Concerns information that my child has so that the AllStar staff can be aware of this and can act accordingly when the problem arises.

Print Name: _____ Signature: _____ Date: _____

Equal Opportunity Service Provider Notice: The AllStar Institute, as an equal opportunity service provider, does not discriminate against individuals based on race, color, sex, religion, disability, age, sexual orientation, national or ethnic origin, or any other aspects prohibited by federal, state, or city laws.