



# 陽光學府夏令營

July 3- August 18 Monday – Friday 8:00 am – 6:30 pm

61-51 Fresh Meadow Lane (174 St. & 65 Ave.) Fresh Meadows, NY 11365

<http://isteinny.com/sunshineschool.php> E-mail: [SunshineAcademyNy@gmail.com](mailto:SunshineAcademyNy@gmail.com)

## 註冊登記表

學生姓名：\_\_\_\_\_ 性別：\_\_\_\_\_ 出生日期：\_\_\_\_ / \_\_\_\_ / \_\_\_\_

年級：\_\_\_\_\_ 家長姓名：\_\_\_\_\_ 職業：\_\_\_\_\_

家庭住址：\_\_\_\_\_

晚間連絡電話：\_\_\_\_\_ 工作電話：\_\_\_\_\_

手提電話：\_\_\_\_\_ 電郵信箱：\_\_\_\_\_

在家使用何種語言：\_\_\_\_\_ 有無過敏現象：\_\_\_\_\_

參加本夏令營時間：（7月3日）自\_\_\_\_\_起至\_\_\_\_\_（8月18日結束, 共計7週）

或參加週數：\_\_\_\_\_

我的孩子是否需要接/送服務：\_\_\_\_\_ 時間：\_\_\_\_\_ (接)\_\_\_\_\_ (送)

學生所在學校名稱：\_\_\_\_\_ 放學時間：\_\_\_\_\_

學校地址：\_\_\_\_\_

學校連絡電話：\_\_\_\_\_ 校方連絡人：\_\_\_\_\_

如果出現緊急情況的第一連絡人：

姓名：\_\_\_\_\_ 電話：\_\_\_\_\_

我\_\_\_\_\_ (家長姓名) 同意

(學生名字) 參加陽光學府夏令營。

家長或監護人簽名：\_\_\_\_\_ 日期：\_\_\_\_\_

聯繫人：李老師 646-309-6048 (中文) 王老師 917-832-3786 (中/英文)

Ms. Lisa 646-709-4068 (English)



## 2017 年陽光學府暑期班 收費及注意事項

1. 2017 年暑期班將於 7 月 3 日開始，8 月 18 日結束，全期 7 週。每週一至週五，早 8 時至晚 6 時半。

### 2. 收費：

1) **學費**：7週\$1049、6週\$949、5週\$849、4週\$749、3週\$699、2週\$649

### 2) **優惠**：

☺ **5月1日前報名**，可載享**\$100**特價優惠！（注：報名5週及以下不享此優惠。）

☺ 同一家庭中的**第二個孩子**可**另享標準學費的10%**優惠折扣！（注：報名5週及以下不享此優惠。）

### 3) **交通費**：

☺ 雙程：每人每週**\$30**，同一家庭中第二個孩子車資減半。

☺ 單程：每人每週**\$15**，同一家庭中第二個孩子車資減半。

### 4) **其它費用**：

☺ 原則上，我們不再收取其它費用。

☺ 對於夏令營期間的每次外出活動，我們只收取成本費，如門票及交通費等。

☺ 延時費：晚6時半後至晚7時（不得晚於7時）我們每10分鐘收取\$2 即：6:31至6:40=\$2、6:41至6:50=\$4、6:51至7:00=\$6

### 3. 付款及相關注意事項：

1) 一次性全額付款，現金、支票均可，支票請開至“**Sunshine Group in NY Inc.**”。最遲付款日期不得晚於**2017年6月24日**。若在此日期前沒有收到全額學費，您的孩子將不能參加本期暑期班。

2) **2017年7月3日(含此日)後**，恕不退款。

3) 暑期班期間（7月3日至8月18日），凡因各種原因導致缺席、請假、中途退出或天氣及其它不可抗力之因素導致暑期班暫時關閉，您所繳納之款項不予退還、不可做為未來其它項目費用之信用額度、也不可轉給其他學生使用。

4) 若您開給我公司的**支票跳票**，我們將**加收您\$30現金費用**。

### 4. 其它注意事項：

1) 您保證您在報名表中填寫的信息為真實、準確的。

2) 您的孩子將不會讓您及您所書面授權人以外的人從我處接走。每次接走您的孩子，我處須要您或您的授權人簽字。

3) 若您的孩子不能遵守我處之各項行為準則，您的孩子將不能參加暑期班各項活動。

4) 若您的孩子有破壞公物的行為，您將支付適當金額的賠償。

5) 我們有權使用暑期班期間所拍攝錄製的照片及影像做為日後推廣之用途。

6) 本報名注意事項解釋權屬於“**Sunshine Group in NY Inc.**”

By signing this form, I understand and agree to the policies set forth upon this document.

學生姓名：( Student: **Print Name**)

家長或監護人姓名：(Parent / Legal Guardian: **Print Name**)

家長或監護人簽字：(Parent / Legal Guardian: **Signature**)

Date



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## 2017 SUMMER SCHOOL PROGRAM

July 3 - August 18

Monday – Friday: 8:00 am – 6:30 pm

### TRANSPORTATION PERMISSION

As consideration for being allowed to have the transportation provided by Sunshine Group in NY Inc. the undersigned, on his or her behalf, and on the behalf of the Student(s) identified below, acknowledges, appreciates, understands, and agrees to the following:

1. I represent that I am the parent or legal guardian of the student(s) named below or obtained permission from the parent/legal guardian of the student(s) named below to execute this agreement on their behalf.

**Student Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

2. I acknowledge and understand that there are risks associated with transportation in cars or vans or any type of vehicles including but not limited to: contusions, fractures, scrapes, cuts, bumps, paralysis, or decease.
3. I, for myself and the student(s) named, willingly assume the risks associated with transportation and accept that there are also risks may arise due to OTHER VECHICLES which I also willingly assume.
4. I agree that the student(s) named, and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for transportation provided by Sunshine.
5. I, for myself, the student(s) named, our heirs, assigns, representatives, and next of kin agree to hold harmless, and indemnify the independent owner of this Sunshine facility, Sunshine Group in NY Inc., their predecessors, parent, subsidiaries, and affiliates, officers, and employees from any and all injuries, liabilities or damages, from transpor tation.
6. I additionally agree to indemnify the independent owner of this Sunshine facility, Sunshine Group in NY Inc., their predecessors, parent, subsidiaries, and affiliates, officers, and employees for any defense cost or expense arising from any and all claims, injuries, liabilities or damages arising from transportation.
7. I am of physical ability to participate and am legally competent to understand and complete this agreement. I hereby execute this agreement without coercion.

Student Parent / Legal Guardian: **Print Name**

/ /

Student Parent / Legal Guardian: **Signature**

Date

Emergency Contact Phone(s): ( ) \_\_\_\_\_ - \_\_\_\_\_ or ( ) \_\_\_\_\_ - \_\_\_\_\_