



BILINGUAL BUDS
immersion school for children
MANDARIN CHINESE • SPANISH

Registration Form 2010 Summer Camp

Application for two week session(s):

Session 1: (10 days) June 14 – 25 (morning only)	\$590
Session 2: (9 days) June 28 - July 9 (am or pm)	\$530* per morning or afternoon
Session 3: (10 days) July 19 – July 30(am or pm)	\$590 per morning or afternoon
Session 4: (10 days) August 2 – August 13(am or pm)	\$590 per morning or afternoon

*Prorated due to no school on July 2nd.

Choose from (check all that apply): Chinese

	Morning (9:00 am – 12:00 pm)				Afternoon (1:00pm – 4:00pm)			
	2.5-3.5 yrs	3.5 yrs	5-7 yrs	7-10 yrs	2.5-3.5 yrs	3.5-5 yrs	5-7 yrs	7-10 yrs
Session 1				no class	no class			
Session 2				no class	no class			
Session 3					no class			
Session 4					no class			

Choose from (check all that apply): Spanish

	Morning (9:00 am – 12:00 pm)		Afternoon (1:00pm – 4:00pm)	
	2.5-5 yrs	6-9 yrs	3.5-5 yrs	6-9 yrs
Session 1				
Session 2				
Session 3				
Session 4				

Notes:

1. Children signed up for both morning and afternoon may bring a bagged lunch for a supervised lunch/nap hour at no additional cost.
2. We reserve the right to modify or cancel classes based on enrollment.

Student Information

Name: _____
 Age: _____ Date of Birth: _____ Gender: _____
 Street Address: _____
 City/State: _____ Zip code: _____
 Home Telephone: _____
 Family E-mail Address: _____
 Current grade: _____ Current school: _____
 Language spoken at home: _____
 Siblings – name/birth date/school

Parent Information

1. Parent/Guardian (Mr. Mrs. Ms. Dr.): _____
Home address (if different from applicant): _____

Cell phone: _____ Work phone: _____
Employer: _____ Occupation: _____
Work address: _____
Languages spoken: _____

2. Parent/Guardian (Mr. Mrs. Ms. Dr.): _____
Home address (if different from applicant): _____

Cell phone: _____ Work phone: _____
Employer: _____ Occupation: _____
Work address: _____
Languages spoken: _____

How did you hear about our school?
 Open House Friends Website Advertising (which publication?) _____
 Other: _____

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child _____. However, if I cannot be reached I hereby authorize Bilingual Buds, LLC, to transport my child to the nearest hospital and to secure for my child the necessary medical treatment. I understand that the staff members are trained in the basics of First Aid and I authorize them to give my child first aid when appropriate.

Parent/ Guardian signature _____ Date _____

In the case of emergency, give names of persons who can be called and are authorized to pick up your child if we cannot reach a parent.

Emergency contact name _____ Phone _____
Relationship to child _____

Photos of my child taken during the school year may be used for Bilingual Buds' brochures and marketing materials (without the child's name). Circle: Yes No

Mail completed application form and non-refundable \$100.00 deposit and \$25.00 registration fee to: **Bilingual Buds, 587 Springfield Avenue, Summit, NJ 07901** by March 31st, 2010. Full payment due **June 1st, 2010**.

Note:
There is no registration fee for currently enrolled students.

Cancellation Policy:
Due to the short duration of this program, we regret that there are no refunds provided once classes have started.