

2012~2013 학년 하상한국학교

675 Dursey Ln.
Des Plaines, IL 60016

Please Print: Date of Registration: 1 학기: _____ 2 학기: _____

Student's Name:(한글)_____ (영어)_____

학년: _____ 생년월일 (Birth Date): _____ Boy ___ Girl ___

현재 재학중인 학교 이름 (THE NAME OF SCHOOL): _____

Home Address : _____

City: _____ State: _____ Zip: _____

미국 시민권자: _____ 영주권자: _____ 기타(설명): _____ 거주기간: _____년 _____개월

부모님 성함(PARENTS' NAME) 아버지 (FATHER): _____

어머니 (MOTHER): _____

집 전화번호 (Home Phone) #: _____ Cell # _____

E-MAIL ADDRESS: _____

엘러지 (ALLERGY): _____

특별활동반: 취미반 _____ 렛슨반 (\$10/class): _____

비상시 연락처 (Emergency Contact Person)

이름: (Name): _____ 전화 번호 (Phone#): _____

THIS SECTION MUST BE SIGNED BY PARENT AND/OR GUARDIAN BEFORE REGISTRATION IS ACCEPTED.

I hereby give permission to HaSang Korean School to transport the child named above off the camp property for the purpose of medical care or program activities as deemed appropriate by the Camp Director. I hereby authorize the HaSang School to provide for and secure treatment of all health issues that arise at camp for child named above. In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthetic or surgery for the child named above. I understand that the Hasang Korean School does not provide accident/medical insurance for the child named above. Medical bills, including prescription drugs, will be the responsibility of the parent or guardian named below.

Rules for campers are the same for everyone without regard to race, color, national origin, gender or disability. I understand that all students will be treated as individuals and respect will be shown for a range of abilities and behaviors. I agree that HaSang School reserves the right to dismiss a child from camp whose special needs they are not able to provide for or whose conduct is not in the best interest of the camp community, without refund. I will notify the director if my child has any serious restrictions related to his/her participation in the camp program.

I agree to the following policies regarding tuition fees: No refunds will be given for canceling.

The HaSang Korean School has my permission to use photographs taken of my child while at camp for promotional purposes.

We or I (Parents/Guardians) have read and agree to all the conditions of this registration.

Signature of parent/guardian: _____ Date: _____