

# Little Dragon Summer Camp

## 小龙人夏令营



### Activities 活动:

- Mandarin 中文
- English Language Art 英语艺术
- Fun with Math 趣味数学
- Arts & Crafts 美术
- Drama 戏剧表演
- Chinese Culture 中国文化
- Games & Blocks 游戏与搭建
- And more 还有更多

6/26/2023 - 8/4/2023

@ Malden Forestdale School

上午 8:15 AM - 下午 4 PM

Extended Hours 可延长至 4:00-5:00 PM

周一至周五 Monday - Friday

STUDENT AGE 学生年龄段: 2023 FALL K-6

2023年秋季入学K-6年级

## Open House 早鸟报名

Early Bird Rate is available

优惠价仅限

Now to 现在至 3/25/2023 晚 11:59 PM



## Little Dragon Summer Camp Tuition Chart 详细收费表

6/26/2023-8/4/2023

For regular hour 8:15 am- 4 pm 时间: 8:15 点 - 4 点

Weeks Attend 周数 Days Attend in each Week 天数	Full Day Weekly Tuition (8:15 AM-4:00 PM)	Half Day Weekly Tuition (8:30 AM - 12:30 PM or 12:00 PM - 4:00 PM)
1-2 weeks	\$400	\$225
3-4 weeks	\$375	
5 -6 weeks	\$350	
<b>Early Bird Discount*</b>		
Price Per Week 每周价格	\$320	\$210
Total Six Weeks 六周总价	\$1800	\$1200
<b>*Must sign up for 5 days a week for 6 weeks</b>		

1. Registration fee for new student: **\$20** and return student: **\$10**. 注册费: 新生**\$ 20**; 旧生**\$ 10**.
2. Extension hour: **\$6/day** 4:00 PM-5:00 PM (Optional- not included in tuition)  
可延长至每天下午 4 点-5 点, 并另外收取\$6 每天。

欢迎来电详询 Please contact us Tel: 781-321-6316 or 617-380-9419 / [cccclass@ChineseCultureConnection.org](mailto:cccclass@ChineseCultureConnection.org)  
邮寄地址 Mailing Address: Chinese Culture Connection, Inc., 109 Mountain Ave #236, Malden, MA 02148

**Chinese Culture Enrichment  
Summer Program 2023  
Forestdale School**



**Weekly Schedule Sample 每周课表样例**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:15-9:00am	Drop off/Reading, Meditation and Exercise 到校, 晨读, 静座和晨练				
9:00-9:50am	Chinese /中文				<b>Happy Friday</b> 星期五集体活动  <b>Morning Indoor Games</b> 上午室内活动 <b>Afternoon Field Trip to nearby parks.</b> 下午将会去附近公园。 Fellsmere Park Coytemore Lea Park Malden Public Library Sports Day Talent show Showcase  <i>* Please confirm your pick-up time with us on Friday if you plan on an early pick-up before 4pm 如果週五您需要在 4 点前接孩子, 请务必提前与我们联系。</i>
9:50-10:05am	Break/ Snack Time 课间休息/点心时间				
10:05-10:55am	English 英文听说读写				
10:55-11:10am	Recess/Exercise 课间休息/活动伸展时间				
11:10am-12:00pm	Math 数学				
12:00-12:05pm	Bathroom, Wash Hand, Down time				
12:05-1:00pm	Lunch Break 午餐及休息时间				
1:00-1:50pm	Gym 室内运动	Chinese Culture 中国文化	Arts & Crafts 手工	Outdoor Game 户外游戏	
1:50-1:55pm	Recess 课间休息				
1:55-2:45pm	Creative Arts 绘画	Outdoor Game 户外运动	Reading Time 阅读	Fun with Science 有趣的实验	
2:45-3:05pm	Snack 点心				
3:05-3:55pm	Story Time 故事时间	Nature 自然	Music Movements 音乐律动	Wei Qi 围棋/ Board Game 桌游	
3:55-4:00pm	Full Day Student Go Home 放学				
4:00-5:00pm	Free play (Choices including but not limited to board games, lego, drawing, reading, arts&crafts, etc.) 自由活动 (内容包括但不限于桌游, 乐高, 绘画, 看书, 手工等)				
5:00-5:30pm	Go Home/ Outdoor Recess/ Games 回家时间/户外游戏/益智游戏				

\*Lunch included date: 6/26-8/4, or to the end of our summer program. 本项目包含午餐自 6 月 26 日起至项目结束。

\*Some activities may subject to change without advanced notice. 有些节目会依学生及上课状况调整变动。

\*Field Trip may be cancelled due to bad weather condition. 下雨或天气太热可能导致原计划远足取消。

Mailing Address: 109 Mountain Ave., #236, Malden, MA 02148

Tel. 781.321.6316/617.380.9419 ☎ [www.ChineseCultureConnection.org](http://www.ChineseCultureConnection.org)

## 2023 Summer Program Registration Form (报名表)

### I. Student Information 学生资料:

Last Name (姓) : \_\_\_\_\_ First Name (名): \_\_\_\_\_

Chinese Name (中文名) : \_\_\_\_\_

Date of Birth (生日) : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Grade September 2023 (9月开学年级) : \_\_\_\_\_ Current School 当前的学校: \_\_\_\_\_

Gender (Circle One) 性别:            Male 男        Female 女

Street Address 街: \_\_\_\_\_ City 城市: \_\_\_\_\_

State/省: \_\_\_\_\_ Zip Code/邮编: \_\_\_\_\_

Is your Child a Returning Student? 你的孩子参加过我们的暑期班吗?    Yes 是    No 否

### II. Student Health Information 学生健康资料:

Food Allergy 食物过敏: \_\_\_\_\_ Any Special Health Condition/特别健康状况: \_\_\_\_\_

### III. Parent/Guardian Information 家长/监管人的资料:

Parent/Guardian 1        家长/监管人 1

Name 姓名: \_\_\_\_\_ Relationship to Participant 与孩子的关系: \_\_\_\_\_

Street Address 街道: \_\_\_\_\_ City 城市: \_\_\_\_\_

State 省: \_\_\_\_\_ Zip Code 邮编: \_\_\_\_\_

Home Phone 住宅电话:(            )                            Cell Phone/手机:(            )

Work Phone 工作电话:(            )                            Email: \_\_\_\_\_

Parent/Guardian 2        家长/监管人 2

Name 姓名: \_\_\_\_\_ Relationship to Participant 与孩子的关系: \_\_\_\_\_

Street Address 街道: \_\_\_\_\_ City 城市: \_\_\_\_\_

State 省: \_\_\_\_\_ Zip Code 邮编: \_\_\_\_\_

Home Phone 住宅电话:(            )                            Cell Phone 手机:(            )

Work Phone 工作电话:(            )                            Email: \_\_\_\_\_

### IV. Emergency Contact Information 紧急情况联系人:

The first attempt will be to contact the student's parents/guardians. Emergency Contacts listed below must be able to pick your child up in the event of an emergency.

紧急情况时我们将第一时间联系孩子家长和监护人。以下是发生紧急情况时可以接孩子的联系人。

Emergency Contact /紧急情况联系人

Name 姓名: \_\_\_\_\_ Relationship to Participant 与孩子的关系: \_\_\_\_\_

Home Phone/住宅电话: ( \_\_\_\_\_ ) - Cell Phone/手机: ( \_\_\_\_\_ ) -

Work Phone/工作电话: ( \_\_\_\_\_ ) - Email: \_\_\_\_\_

- ❖ **All students must be picked up by the person (s) authorized by the registering parent/guardian.** 所有的孩子只能被登记的家长或授权人接送。

## V. Safety, Liability Agreement and Waiver

To ensure a safe and respectful learning environment for all students, I agree to make sure that my child/children obey CCC rules during school hours.

I agree to take full responsibility for any damage caused by my child/children to other students or the facilities at the camp facility during school hours. Repeated or extreme forms of harassment, violence, or civil-rights infringements will result in suspension and/or expulsion from the camp.

All our teachers, staff and volunteers have been through safety training and will exercise their best ability to protect every student. I agree not to hold CCC liable for illness or any accident resulting in any personal injury, or personal property damage, which may occur on the premises during school hours.

### 安全与责任同意书

為確保所有學生有一個安全和相互尊重的學習環境，我同意確保我的孩子在上課時間遵守华夏文协 (CCC) 規則。若您的孩子的行为造成对学校或他人任何财产损失及身体伤害，当事人及学生家长应赔偿全部损失。任何騷擾，暴力，或民事權利的侵犯反复或極端的形式會導致中止和/或驅逐出營地。我们的老师和志工都有经过健康，安全训练。他们会尽全力保护每一位学员。如有任何事故发生，我同意不空告或要求 CCC 承担损失。

\_\_\_\_\_  
家长签字 (Parent/ Guardian Signature)

\_\_\_\_\_  
日期 (Date)

## VI. Tuition and Fees 学费:

Dates 时间: June 26– August 4, 2023 8:15 am – 4:00 pm; half day 8:30 am – 12:30 pm or 12:00 – 4:00 pm

- Tuition is non-refundable for any class absence. 开学后，因学生个人或家庭原因缺席，学费不退。
- Registration fee, \$10 for current/returning students, \$20 for new students. If the fee is waived, \$20 per child will be charged for withdrawal. Other refund policy: 80% refund when withdrawn in the first week. 50% refund when withdrawn in the third week. No refund afterwards. 新学生的注册费\$20，老生\$10。退学与退费规矩：\$20 报名手续费不退费，若报名时免报名费则须退费时从学费中扣除。暑期班开始第一星期可退第二周之后未上学费之 80%，第 3 星期开始可退之后未上学费之 50%。第 4 星期开始后均不退费。
- Students need to bring their own water bottles. Free school lunch is provided from Malden City Lunch Program. Students also are welcome to bring their own lunch and snacks. 每个学生必须自备水壶。学校提供免费午餐（由摩登市提供）。学生也可自行携带餐点和点心。

**VII. Please select the /weeks/sessions** 请选择你要参加的星期:

	Full Day/常规	Extended	Half Day/半天	Days/天
____ Week 1...June 26 - 30	_____	_____	_____	M/一, T/二, W/三, T/四 & F/五
____ Week 2...July 3 - 7*	_____	_____	_____	M/一, T/二, W/三, T/四 & F/五
____ Week 3...July 10 - 14	_____	_____	_____	M/一, T/二, W/三, T/四 & F/五
____ Week 4...July 17 - 21	_____	_____	_____	M/一, T/二, W/三, T/四 & F/五
____ Week 5...July 24 - 28	_____	_____	_____	M/一, T/二, W/三, T/四 & F/五
____ Week 6...July 30 - Aug 4	_____	_____	_____	M/一, T/二, W/三, T/四 & F/五

**\*July 4<sup>th</sup> Independence Day: No school**

\*Tuition may vary due to the number of days per week your children are signed up for. 学费优惠会因为学生一周上课的天数调整。

1 <sup>st</sup> child # of sessions	
2 <sup>nd</sup> child # of sessions	
<b>Subtotal</b>	
<b>Registration Fee: \$20 per new student, \$10 for current student</b>	
<b>Total Fee Due</b>	
<b>Deposit received on _____ 2023</b>	
<b>Total Amount</b>	

Payment Method: Cash \_\_\_\_\_ Check # \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature



**Chinese Arts and Culture Enrichment Summer Camp**  
**Parent Consent Form**  
华夏文协暑期家长同意书

**Medical Treatment/医疗须知**

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 authorize CCC or its contracted agency to transport my child to the nearest hospital or medical facility and to secure for my child the necessary medical treatment.

我明白在发生紧急情况时，我的孩子需要紧急就医时，华夏文化协会会尽一切努力与我取得联系。但是，如果我不能及时赶到或是无法联系上，我授权华夏文化协会和旗下员工将我的孩子送至就近医院或医疗机构进行必要的治疗。  Yes/是  No/不是

Child's Name/孩子姓名: \_\_\_\_\_ Physician Name/医生姓名: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Phone Number/医生电话: \_\_\_\_\_

Insurance Provider/保险公司: \_\_\_\_\_ Policy # /保险卡号码: \_\_\_\_\_

Parent/Guardian Signature/家长/监护人签字: \_\_\_\_\_ Date/日期: \_\_\_\_\_

**Additional Medical Information/其他医疗信息**

Is there documentation of physical exam, immunization, and lead screening on file at your child's school? 您孩子的学校是否有体检，接受疫苗和铅屏蔽的文件？  Yes /是  No/不是

Parent/Guardian Signature/家长/监护人签字: \_\_\_\_\_ Date/日期: \_\_\_\_\_

**Photographs /照片**

Pictures, photographs, and video are taken of activities from time to time for the purposes of school-based newsletters, newspaper articles, or other publications. Any children pictured in these publications will not be identified by name. Please sign below your preference for your child's participation.

为了学校报刊以及其他出版物需求，学校将会对孩子们学校活动进行拍照或摄影。这些照片或视频中不会对孩子的姓名进行标注。请选择，并签字：

I am willing/我愿意  I am not willing/我不愿意

Parent/Guardian Signature/家长/监护人签字: \_\_\_\_\_ Date/日期: \_\_\_\_\_

# Malden Public Schools Summer Program 2023

## Emergency Health Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Program attending \_\_\_\_\_ Program location \_\_\_\_\_

DOB \_\_\_\_\_ Gender \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_

Address \_\_\_\_\_

**FIRST PARENT/GUARDIAN TO CALL** Name \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**SECOND PARENT/GUARDIAN TO CALL** Name \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**Names of 2 relatives / friends the nurse can contact in case of an emergency. *These contacts must be able to assume responsibility for your child in an emergency when we cannot reach you by phone.***

Name/Relationship \_\_\_\_\_ Name/Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

### **HEALTH INFORMATION Please check all that applies to your child:**

Diabetes \_\_\_\_\_ Asthma \_\_\_\_\_ Seizure Disorder \_\_\_\_\_ ADD/ADHD \_\_\_\_\_ Migraines \_\_\_\_\_ Heart Condition \_\_\_\_\_ Other \_\_\_\_\_

Please specify: \_\_\_\_\_

Allergies? (food, insects, medication, environment) Specify \_\_\_\_\_

Does your student have an EPI-PEN? \*YES \_\_\_\_\_ NO \_\_\_\_\_

Does your student have an inhaler? \*YES \_\_\_\_\_ NO \_\_\_\_\_ Does your student have Diastat? \*YES \_\_\_\_\_ NO \_\_\_\_\_

Will your student need to take any medication while attending the summer program? \*Yes \_\_\_\_\_ NO \_\_\_\_\_

**If you answered \*YES - please contact the program director as soon as possible to obtain/complete required paperwork for medication administration.**

### **I give permission for the summer program nurse to administer the following:**

Tylenol/Acetaminophen 325 or 500 mg 1-2 tabs Yes \_\_\_\_\_ No \_\_\_\_\_

Ibuprofen (Advil or Motrin) 200 mg 1-2 tabs Yes \_\_\_\_\_ No \_\_\_\_\_

Benadryl 25-50mg Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\*\*Medication dosage will be determined by child's weight and age**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

(Signed Consent is required before any medication is given to your child)



**Please share a list of students in your program once you have one - I will share with the school nurses to help coordinate medication and healthcare needs needed during the summer**

*Our summer nurses are usually agency nurses and do NOT have access to X2 information - to help things run smoothly...*

Please submit to Patti Tramondozzi - before the last day of school

For each school program(s):

1. Alphabetically in binder for each school program
  - a. Summer Emergency form from each student
  - b. Student Profile (X2) for each student (needs photo)
2. List of students that require medication - during program hours or Emergency meds
3. List of student that have school transportation
4. Program Schedule - days/times
5. Name and contact number of Program coordinator
6. Staff list (with room number if applies)
7. List of Field Trips (if any)