

■ STUDENT INFORMATION -----

中文姓名 Chinese Name _____

 英文姓名 English Name _____
 First Name _____
 Last Name _____

 出生年月日 Date of Birth _____ / _____ / _____
 M D Y

 性別 Gender M F

現讀學校 Current School _____

年級 Grade in Fall 2026 _____

 有無特殊需求 (請詳細註明) Special Needs Required _____ Allergic to _____

■ PARENTS INFORMATION -----

 爸爸姓名 _____
 First Name _____
 Last Name _____

 電話 Phone (_____) _____
 Mobile _____
 (_____) _____
 Work/ Home _____

 媽媽姓名 _____
 First Name _____
 Last Name _____

 電話 Phone (_____) _____
 Mobile _____
 (_____) _____
 Work/ Home _____

電子信箱 Email _____ / _____

聯絡地址 Address _____

■ CAMP INFORMATION -----

>> 選擇活動日期與時間 Choose Program Session & Time:

* 全天班 Full-Day (Mon-Fri 830am-6pm) / 上午班 AM (Mon-Fri 830am-12pm) / 下午班 PM (Mon-Fri 1pm-6pm)

SESSION 1	SESSION 2	SESSION 3	SESSION 4
Build, Think, Explore: Maker's Adventure 6/15 ~6/26 <input type="checkbox"/> Full Day <input type="checkbox"/> PM <input type="checkbox"/> AM -Chinese Class	STEAM Studio: Art in Motion 6/29 ~ 7/10 <input type="checkbox"/> Full Day <input type="checkbox"/> PM <input type="checkbox"/> AM -Chinese Class	The Journey of Asian Cuisine 7/13 ~7/24 <input type="checkbox"/> Full Day <input type="checkbox"/> PM <input type="checkbox"/> AM -Chinese Class	The Art of World Cuisine 7/27~8/7 <input type="checkbox"/> Full Day <input type="checkbox"/> PM <input type="checkbox"/> AM -Chinese Class

 >> 選擇中文班 Choose Chinese Class: 正體中文 (Traditional Chinese) 簡體中文 (Simplified Chinese)

Please describe your child's level: _____

Parent/Guardian Acknowledgment & Agreement (Please read the following policies carefully)

- For summer camp enrollment, one-time payment is required.
- At least one-week written notice is required for cancellation of any session. Before 6/1/2026, withdrawal charge is \$50/session.
- After 6/1/2026 but before your sign-up weeks, 80% tuition payment refund will be made. After your signed-up week starts, NO refund will be given.
- 10% discount for signing up before 3/6/2026 (Full-Day Program only). 5% discount for the 2nd child (Full-Day Program only).

I have read, understood, and agreed to abide by the policies stated in this Summer Camp Application. I have also agreed to sign the following liability release statements. I hereby authorize my signed child to participate in all 9 Fruits indoor and outdoor program activities including summer camp field trips. I understand all camps' field trips and the pickups are organized on 9 Fruits / teachers / parents efforts. By signing this agreement, I do hereby release, forever discharge and agree to hold harmless to, Nine Fruits Cooperation and their directors, administrators, teachers, agents and employees thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses or any nature whatsoever which may be incurred by the undersigned and the participant while said person is participating in the above described activities. The undersigned further hereby agrees to hold harmless and indemnify said school/corp., directors, teachers, agents and employees for any liability sustained by said acts of said participant, including expenses incurred attendant thereto.

Parents/ Guardians Signature _____

Date _____