

Join us for a summer of fun and educational adventures in our cheerful classrooms surrounded by nature. Our camp curriculums are designed to increase Chinese language vocabulary and stimulate an appreciation of Chinese Culture through outdoor activities and class projects. Weekly themes may be complemented with learning about Chinese snack foods, Chinese children's games, cooking and outdoor water play.

2022 SUMMER SESSION Application

Camps are designed for students preschool through entering fourth (4th) grade.

CIRCLE	ALL Week #'s an	5 Full Day	5 Half Day	MWF Full Days	MWF Half Days		Weekly	
WEEK #	DATES	Theme	9:00 to 3:30	9:00 to 12:40	9:00 - 3:30	9:00 to 12:40	Notes	Total
Week 1	June 20 - 24	Garden/Plant Life Cycle	\$300	\$210	\$210	\$150		
Week 2	June 27 - July 1	Let's Go Travel	\$300	\$210	\$210	\$150		
Week 3	July 5 - 8	Flying into space	\$240	\$168	\$140	\$100		
Week 4	July 11 - 15	Calligraphy & Paper Cuts	\$300	\$210	\$210	\$100		
Week 5	July 18 - 22	Dance / Exercise	\$300	\$210	\$210	\$150		
Week 6	July 25 - 29	Healthy Food/Chinese Food	\$300	\$210	\$210	\$150		
Week 7	Aug 1 - 5	Ocean Exploration	\$300	\$210	\$210	\$150		
Week 8	Aug 8 - 12	Summer Fun	\$300	\$210	\$210	\$150		
Week 9	Aug 15 - 19	Chinese Games	\$300	\$210	\$210	\$150		
All Weeks			\$2,640	\$1,848	\$1,820	\$1,300		
						Grand TOTAL		

CAMPER INFO	RMATION		PAYMENT AND DISCOUNT INFORMATION				
Student Last Name Student First Name			1. My student is registered for 4 or more weeks. Please contact me with a payment plan. YES <i>or</i> NO my check is enclosed				
School next fall		Student lives with		2. 3% prepay discount for 6 or more weeks if enrolled by May 15, 2022			
Birth Date Gender		Age as of 9/1/2022	3. 5% sibling discou	3. 5% sibling discount for weekly or entire summer enrollment			
Parent / Gu	ARENT / GUARDIAN 1			PARENT / GUARDIAN 2			
Last Name		First Name	Last Name	Last Name			
Address			Address				
City	ST	Zip	City	ST	Zip		
Home Phone	Cell Phone	Cell Phone		Cell Phone	Cell Phone		
Email Address			Email Address	Email Address			

Please return payment and registration form to:

CAIS, LLC

85 Laurel Street Lake Oswego OR 97034

MEDICAL/DENTAL INFORMATION AND AUTHORIZATION							
Primary Care Physician	Phone						
Medical Insurance Provider	Policy Number						
Dentist	Phone						
My child may be given non-prescribed medication as indicated on the container. This may include sun- screen, children's pain reliever and antibacterial first aid cream. Syrup of ipecac may be administered if deemed necessary by the poison control operator. The child's parent or guardian will be contacted prior to administering non-prescription pain relievers. Prescription medications must be current and a permission clin is required non-prescription.							
slip is required per each medication. In an emergency, CAIS has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 will be called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.							
Does your child have allergies?		YES NO					
EMERGENCY CONTACT INFORMATION							
Name (first, last)	In an emergency, parents will be notified first. Contacts below will be called when parents are unavailable. Name (first, last) Home Phone						
Relationship	Cell Phone						
Name (first, last)	Home Phone						
Relationship	Cell Phone						
PICK UP AUTHORIZATION Please provide information for people other than parents who are authorized to pick up your child.							
Name (first, last)	ne (first, last) Cell Phone						
Relationship	License Number						
Name (first, last)	Cell Phone	II Phone					
Relationship	License Number						
PERMISSION TO PHOTOGRAPH							
I authorize the Chinese American International School to use my child's photograph without name or any other personal identifiers in marketing materials and media promoting the Chinese American YES or NO International School.							

Date