

才藝品格學坊

Charis Character Academy

簡介 Description:

才藝品格學坊旨在裝備學生品格發展，並透過提升才藝，加強學生對中國文化的認知。課程系列特為幼兒園至八年級學生提供建設性團隊活動。我們的目標是幫助學生認識各自獨特的天賦和才能，並使他們彼此能夠優雅的在愛，希望，和平和快樂中發揮所長。

Charis Character Academy provides bilingual learning opportunities for students K-8th grade to integrate real life character development and to enhance Asian cultural understanding through talent enrichment. Our goal is to help recognizing the unique gifts and talents of each student and empowering them to excel always in the grace of love, hope, peace, and joy.

時地 Time & Venue :

March 24, 31, April 7, 14, 21 (Sunday, 3-5 pm)

Church of the Servant (14343 N MacArthur Blvd, OKC, OK 73142)

報名 Registration:

Due by March 10 (Limited space available. First come first serve).

Cost is Free. Donations are welcomed! Students will receive a free T-shirt 免費贈送 T 恤.

課程 Program Activities:

學中文會話，中華文化，中英聖誕歌，手工畫，舞蹈。

Asian cultural immersion, conversational mandarin, singing Christmas carols in English and Mandarin, arts and crafts, drama, dance.



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REGISTRATION

Student #1: Name _____ DOB _____ Grade _____ M / F
School _____ T-Shirt size: Youth Adult XS S M L XL

Student #2: Name _____ DOB _____ Grade _____ M / F
School _____ T-Shirt size: Youth Adult XS S M L XL

Student #3: Name _____ DOB _____ Grade _____ M / F
School _____ T-Shirt size: Youth Adult XS S M L XL

EMERGENCY CONTACT INFORMATION

Contact #1: Name _____ Email _____
Address _____ Cell _____

Contact #2: Name _____ Email _____
Address _____ Cell _____

In case of any medical emergency, I understand that every reasonable attempt will be made to contact me or the emergency contact named above. However, in the event that I or my named contacts cannot be reached, I give my permission to the adults in charge of the programs to secure and receive emergency medical or first aid treatment for my child, including transport via ambulance to a hospital if necessary. I consent to the sharing and release of any medical information listed above with the appropriate staff members of the program and/or medical personnel that may be necessary to ensure the safety and wellbeing of my child. I agree to pay for any charges for emergency medical treatment that are not covered by my personal health insurance. **Initials:** _____

STUDENT'S MEDICAL INFORMATION

Physician's Name: _____ Physician Phone #: _____

Medical Insurance Provider _____ Policy# _____

Name of Insured Party _____ Cell # _____

Medical restrictions: Yes No If yes, please explain: _____

Current medications: Yes No If yes, please explain _____

Dietary restrictions: Yes No If yes, please explain _____

Allergies and symptom: Yes No If yes, please explain _____

Date of last tetanus shot _____ Other medical info _____

RELEASE FOR CHARIS CHARACTER ACADEMY AT CHURCH OF THE SERVANT

Release and Waiver. I hereby assume all risks associated with participation in Charis Character Academy and agree to hold harmless Charis Alive, the Church of the Servant, its directors, officers, employees, volunteers, et al, from and against any and all claims, damages, demands, action or right of action, losses or liability of any kind or nature which may arise in connection with injuries suffered to my child while enrolled/participating in their program. I have read and understand the above informed consent agreement in its entirety and hereby give my consent for my child to participate knowing all of the foregoing. **Initials:** _____

Photo/Video Release. I understand that Charis Alive may produce promotional material relating to its activities. I grant Charis Alive the right to photograph and videotape my child and to utilize such videotapes and photographs, the child's name, face likeness, voice, and appearance. **Initials:** _____

Rules and Expectations. I understand that my child must abide by the rules and behaviors expected to ensure everyone's safety and enjoyment. Failure to comply may result in the child's removal from the program. I will notify the supervisors immediately of any injuries the child sustains, any inappropriate behavior, or of any incidents of sexual misconduct, harassment or assault. **Initials:** _____

Student #1 Printed Name

Student's signature

Student #2 Printed Name

Student's signature

Student #3 Printed Name

Student's signature

Parent/Guardian Printed Name

Parent's signature

Relationship

Date