APPLICATION/ENROLLMENT PROCESS

Thank you for your interest in the SOUNDS OF CHINA Summer Camp! Our enrollment is limited, so please make sure to submit the application before the deadline. To apply, please complete the following steps:

1. **Mail this complete application, personal statement and letter of recommendation** (details below in steps #2 and #3) to the address listed on the last page. Or, you can sign, scan and email this entire document to sliang18@binghamton.edu.

2. **Students must write a personal statement of 300 words or less**, explaining why they would like to participate in this camp. Please submit this with the rest of this application.

3. **Students must also submit a letter of recommendation** from a teacher along with the application.

The new deadline to submit the application is July 1, 2015.

We will notify each applicant regarding enrollment status as soon as possible. Participants and their parents/guardians must sign **two release forms (from Binghamton University and STARTALK)**, which will be sent to them if the student is accepted.

* Please note that mailing in your application does not guarantee participation in the summer camp.

SUMMER CAMP PROGRAM SITE

The camp will take place on the Binghamton University campus (4400 Vestal Parkway East, Binghamton NY 13902-6000). The exact building and room numbers will be announced closer to the start date. Students should be dropped off and picked up each day; Binghamton University and “Sounds of China” staff are not responsible for transportation to and from the summer camp.

CONTACT INFORMATION

Have questions? Please contact:

Program Coordinator: Shuang Liang  
Email: sliang18@binghamton.edu  
Phone: (607) 777-3056  
Website: [http://www.binghamton.edu/confucius-institute/summer_camp.html](http://www.binghamton.edu/confucius-institute/summer_camp.html)

WHEN TO SHOW UP, WHAT TO BRING, AND OTHER IMPORTANT INFO

**Date and Time:** The summer camp will be Monday-Friday, 8:30 AM – 4:00 PM. Classes will begin at 8:30 AM. Students should arrive on time every day. If they cannot come, the parent/guardian must notify the program coordinator (Shuang Liang) as soon as possible.

**Lunch:** Lunch will be provided every day.

**Clothing:** Campers must wear comfortable clothing and close-toed shoes (no heels!)

**Personal Items:** If participants choose to bring their cell phones, electronics, and other personal items, the camp will not be responsible if they are lost or damaged.
2. CAMPER AND PRIMARY CONTACT INFORMATION

Name of Student: _______________________________ Date of Birth: ___________ Age (at the time of Camp): _______
Name you prefer to be called (if different): ________________________________________________________________
Name of School: _____________________________________________ Grade (starting in September 2014): _______
Name of Parent/Guardian/Primary Contact: ______________________________________________________________
Mailing Address: _______________________________________________________________________________________
City: ______________________________ State: _______________________ Zip Code: ________________________________
Home Phone: _______________________ Cell Phone: _______________________ Work Phone _______________________
Email address you check frequently: _________________________________________________________________
What’s the best way to contact you? (circle one) Home Phone Cell Phone Email

3. EMERGENCY CONTACTS (please provide at least one additional person, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact’s Name: ______________________________________ Relationship: _____________________________
Home Phone: _____ - _____ - ______ Work/Cell Phone: _____ - _____ - _____ ext ______

Second Contact’s Name: ______________________________________ Relationship: _____________________________
Home Phone: _____ - _____ - ______ Work/Cell Phone: _____ - _____ - _____ ext ______

4. SAFETY INFORMATION (please list all known conditions so we can accommodate your camper’s needs)

Does your camper have any medical conditions, allergies, or special needs the staff should know about? (Please include FOOD ALLERGIES, other health or religious-related FOOD needs, and ALL OTHER NON-FOOD-related allergies).

___________________________________________ __________________________ __________________________

Is the student taking any medications that the camp should be aware of? Will the student need to bring these to camp?

___________________________________________ __________________________ __________________________

5. CHINESE LANGUAGE LEVEL

What level of Chinese language do you have? Please check ONE:

_____ Never learned Chinese
_____ Elementary (has taken up to one year of Chinese)
_____ Intermediate (has taken 1-2 years of Chinese)
_____ Advanced (has taken 2-3 years of Chinese)
If you have learned Chinese before, where did you learn it?

_____ Private tutor
_____ Learned at home (family speaks Mandarin)
_____ Elementary School. School name: _________________________
_____ Middle School. School name: _________________________
_____ High School. School name: _________________________
_____ College class(es). College: _________________________
_____ Other. Please specify: _____________________________

Please indicate your Chinese language capabilities:

_____ can read Chinese characters. Level: _______________ Traditional or simplified? _____
_____ can write Chinese characters. Level: _______________ Traditional or simplified? _____
_____ can understand spoken Mandarin. Level: _______________
_____ can speak Mandarin Chinese. Level: _______________

Please tell us any other notes you wish to mention about your Chinese language abilities, where you learned it, etc.

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

6. PERSONAL STATEMENT

Student applicants: Please write a personal statement of 300 words or less, explaining why you want to join “Sounds of China” summer camp, and submit it with the rest of this application.

7. OTHER

We plan to give each participant a t-shirt at or before the end of the camp. Please circle the student’s t-shirt size (adult sizes):

XS    S    M    L    XL

8. TRANSPORTATION AND CELL PHONES (pick-up)

Parents/guardians will have to sign their kids in and out of the summer camp every day. They should have their cell phones ON when they are waiting IN THE CAR to pick up their children. In case of a thunderstorm or other inclement weather, parents will be called with more details. Please list the CELL PHONE number below, which we can use to call you:

Cell Phone # 1 _______________________________________________________

Cell Phone #2 (if applicable) ___________________________________________

9. SIGNATURES

I verify that all the information I have provided in this document is true to the best of my knowledge.

_____________________________________________________________  ___________
Student’s signature                                               Date

_____________________________________________________________  ___________
Parent/Guardian’s signature                                      Date
Face Painting Consent Form
“Sounds of China” Summer Camp 2015
Binghamton University

To All Parents/Guardians:

In Beijing opera, one of the most distinctive and fun features is traditional face painting, such as the kind shown in the pictures that were emailed previously. As part of “Sounds of China,” we plan to give students the opportunity to paint their faces in this way, both in class when learning about Beijing opera characters and at the final performance of the camp. This has always been a lot of fun for the kids!

The FACE PAINT we are using is oil-based and used for face painting. If your child has any allergies to any kind of paint, especially face paint, even latex paint, or has sensitive skin, please tell us.

In the past, some students preferred to keep the makeup on at the end of the class, so that their faces will be painted when their parents/guardians pick them up. So, at “Sounds of China,” the students can decide themselves whether or not they want to wash their faces afterward. If they choose, they may be able to go home with their faces still painted.

If your child decides to wash or cleanse his or her face after painting, the Beijing opera instructor plans to let them use sensitive baby wipes or paper towels for wiping, using cream cleanser, cold cream cleanser, water, makeup remover, makeup remover wipes, and/or other soap, wipes, towels or cleansers to wash their faces. The Beijing opera teachers have used these in the past with students and on themselves. If your child has any kind of reaction or allergies to any kind of soap, wipes, or cleanser, please tell us below. You may either provide them with what they need to wash their faces, or tell us specifically what to buy for them by listing the product below. Thank you for your cooperation!

For safety reasons, before your child can have his or her face painted, you (parent or guardian) must check off one of the options below:

- I give my consent to have my child’s face painted, or to let my child paint his or her own face according to the teacher’s directions. My child can use the soap, cleansing cream, soap, water, etc. provided by the Beijing opera teachers to wash his or her face.
- I do not give my consent to have my child’s face painted, or to let my child paint his or her own face according to the teacher’s directions.

Name, Parent/Guardian’s Signature and Date

YOUR CHILD’S NAME [Please print] _______________________________ Date

PARENT OR GUARDIAN NAME [please print] __________________________ Date

SIGNATURE OF PARENT OR GUARDIAN [your signature] __________________ Date

Comments about allergies, etc. [optional]:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
To complete your application, please mail ALL of these pages to:

Confucius Institute at Binghamton University

c/o Shuang Liang

4400 Vestal Parkway East
Binghamton, NY 13902-6000
Email: sliang18@binghamton.edu

Thank you very much for your application! We hope to hear from you soon!