

REGISTRATION

Child's Name: (First) _____

(Last) _____

Address: _____

(City) _____ (State) _____ (Zip) _____

* Please give us specific information.

1. Is Korean your child's first language? Yes No

2. Can your child understand or speak in Korean?
 Yes No

3. Has your child taken Korean classes before?
 Yes No
(If yes, for how long? _____)

4. Has your child lived in Korea? Yes No
(If yes, for how long? _____)

5. Does anyone in your family speak Korean?
 Yes No (If yes, who? _____)

6. Any other information about your child that you would like to share with instructors.

* Emergency Contact:

Parent's Name: (First) _____

(Last) _____

Phone (primary): _____

(Alternative): _____

Email address: _____

* Email address will be used to provide confirmation of your registration.

* Please sign the enclosed Photo Release Form if you agree with the terms.

INSTRUCTORS:

Eunju Na

- Korean Language Lecturer, New York University
- Drama Education Specialist

Chong-Ho Kim

- Teaching Artist
- Translator/Editor, "Theatre for Young Audiences" Play Series

NOTICE:

- All children must bring their own lunches.
- Registration is processed on a First-come First-served basis. own lunches.



뉴욕한국문화원
Korean Cultural Service NY

460 Park Avenue 6th Floor,
New York, NY 10022

Phone: 212-759-9550 (ext.201)

Fax: 212-688-8640

Email: edu@koreanculture.org

KOREAN CULTURAL SERVICE NEW YORK

The 2nd Korean Culture Day Camp

Korean Zodiac Signs: Tales of Rabbits



WHEN: Wednesday, June 29
~ Friday, July 1, 2011
(11:00 AM ~ 3:00 PM)

WHO: 1st to 3rd graders
(As of September 2011)

Summer Day Camp for children at The Korean Cultural Service New York is back! We are very excited to continue the Korean culture day camp program this year!

The theme of the second Korean culture program is "The year of the Rabbit: Korean Tales of Rabbits." Through drama activities such as Theater games, Mask-making, and Shadow puppet play, students will learn the twelve Korean zodiac signs and their assigned animals. They will be able to experience and understand Korean culture and language in creative and fun ways.

This year's camp will be held for 16 students entering 1st through 3rd grades in September 2011.

• Registration

Registration is processed on a first-come, first-serve basis. Enrollment is very limited. Please fill out the registration form and mail it with your **\$40.00(for Materials)** registration fee in check made payable to: Korean Cultural Service NY. Once registered, you will receive a confirmation notice via email or phone.

Mail to: Education Department

Korean Cultural Service New York
460 Park Avenue, 6th Floor
New York, NY 10022

• Cancellation

All cancellation must be made at least 3 business days before the class is scheduled to begin to be eligible for a refund.

For more information, please visit www.koreanculture.org.

If you have any questions regarding the program, please feel free to contact Ms. SooJung Chung at edu@koreanculture.org or (212) 759-9550 (ext.201)

- **Schedule:** 3 days (11:00am~3:00pm from Wednesday, June 29 to Friday, July 1, 2011)

Day 1 - 12월 이야기 (6/29)

The Twelve Korean

Time	Program
11:00-12:30	1) Traditional Korean Game 2) Story Drama I: Tales of Zodiac Signs
12:30-1:00	Lunch
1:00-2:45	Creating Scenes & Mask Making
2:45-3:00	Closure

Day 2 - 토끼의 간 (6/30)

The Rabbit's Liver

Time	Program
11:00-12:30	1) Korean Painting Game 2) Story Drama II: Rabbit's Liver
12:30-1:00	Lunch
1:00-2:45	1) Group Mural of Sea Palace 2) Improvised Scenes
2:45-3:00	Closure

Day 3 - 달나라 토끼 (7/1)

Jade Rabbits in the Moon

Time	Program
11:00-12:30	1) Shadow Play Game 2) Story Drama III: Rabbits in the Moon
12:30-1:00	Lunch
1:00-2:20	Shadow "Wish" Puppet
2:20-3:00	Refreshments & Closure with Parents

* Please note that we are unable to administer any medication to children.
* The program will be conducted in both English and the target language, Korean.

Photo/Videotaping Release

I am the parent or legal guardian of the following child(ren) under 18 years old. I give permission for their images to instructors and the Korean Cultural Service NY for research purposes AND for use in publications such as newsletters, brochures, media and websites. The photos/videotaping can be also used to share with the program participants and their families.

By signing below, I acknowledge my understanding of this document and grant permission for using the images of the children below.

Child's name I: _____

Child's name II: _____

Name of Parent or Guardian (print): _____

Address: _____

Date: _____

Signature of Parent or Guardian: _____