



SUMMER CAMP ATTENDANCE FORM

Price per week: - AED 650 for 8am-1pm, AED 700 for 8am-3pm , AED750 for 8am-5pm & AED800 9am-6pm

Price per day: - AED 140 8am-1pm, AED 150 8am to 3pm, AED 160 8am-5pm & AED 170 8am- 6pm

Extras - 7am-8am – 50 AED per day

Fees are payable at the beginning of each week to secure placement and the fees are non-refundable or exchangeable.

CHILD'S INFORMATION	
Full Name:	Date of Birth:
First Language:	Other Languages(s):
Special Care Needs (if any):	Allergies (if any): -
Medical Conditions (if any):	Food restrictions (if any):-

CAMP TIMINGS
Weeks (Please tick as appropriate) <input type="checkbox"/> Week 1 (28 th &29 th June) <input type="checkbox"/> Week 2 (2 nd -6 th July) <input type="checkbox"/> Week 3 (9 th – 13 th July) <input type="checkbox"/> Week 4 (16 th – 20 th July) <input type="checkbox"/> Week 5 (23 rd -27 th July) <input type="checkbox"/> Week 6 (30 th – 3 rd August) <input type="checkbox"/> Week 7 (6 th – 10 th August) <input type="checkbox"/> Week 8 (13 th – 17 th August) <input type="checkbox"/> Week 9 (20 th – 24 th August) <input type="checkbox"/> Week 10 (27 th 31 st August) <input type="checkbox"/> Week 11 (TBC due to Eid)
Timings (Please tick as appropriate) <input type="checkbox"/> 8am - 1pm <input type="checkbox"/> 8am - 3pm <input type="checkbox"/> 8am - 5pm <input type="checkbox"/> 8am - 6pm Early Bright option - <input type="checkbox"/> 7am – 8am (50aed extra)
Single days: -

FAMILY CONTACT INFORMATION			
	FULL NAME	MOB. NUMBER	EMAIL ADDRESS
MOTHER			
FATHER			
NANNY/CARER			
OTHER EMERGENCY CONTACT			

Signature of Parent/Guardian: _____

Name of Parent/Guardian: _____

Date: _____