

CONFIDENTIAL
REGISTRATION FORM FOR
ICS SUMMER CAMP 2016
Football Flavoured Camp

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|----------------|
| Application no |
|----------------|

NAME OF CHILD

First Name

Middle Name

Family Name

DATE OF BIRTH

Day Month Year

Sex

____ / ____ / ____

| | |
|---|---|
| M | F |
|---|---|

Mother mobile number _____ Father mobile number _____

EMERGENCY NUMBER _____ E-MAIL ADDRESS _____

MEDICAL RECORD

Name of doctor: _____ Tel. No: _____

Medical History

Does your child have a history of, or suffer from, any of the following:

| | Yes | No |
|--|-----|----|
| Asthma | | |
| Diabetes | | |
| Heart Disease | | |
| Any special needs, if so please give details. | | |
| Surgical Operations, if so please give details. | | |
| Allergies, if so please give details. | | |

* **Is your child on regular medication?** Yes / No

If yes, please state: _____

* The school nurse is equipped with basic medications, i.e. cough mixture, Panadol, plasters, antiseptic creams, etc.

Are there any of these you do not wish to be given to your child? _____

* **Is your child allergic to any medication?** Yes / No

If yes, please state: _____

Please note that: - in case of absolute emergency where urgent treatment is of the essence, it is the school policy that the Summer Camp nurse would take your child to the nearest hospital while the Summer Camp Management contacts you.

* **Notes:** If you would like your child to be in the same group of his/her friends please write his/her friends names in this box (only if they are the same age)

Number of weeks: 1week - 2 weeks - 3 weeks - 4 weeks – 5 weeks
(Please specify the week's your child will be attending)

2nd July – 6th July

9th July – 13th July

16th July – 20th July

23rd July – 27th July

30th July - 3rd August

| |
|---|
| Signature of Parent / Guardian: <hr style="border: 0; border-top: 1px solid black;"/> |
| Name of Parent/Guardian <hr style="border: 0; border-top: 1px solid black;"/> |
| Date: <hr style="border: 0; border-top: 1px solid black;"/> |

ICS Summer Camp 2017 House Map

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|----------------|
| Application no |
|----------------|

Family Name:

Father mobile number: **Mother mobile number:**

Child(ren) Name(s):

1.
2.
3.
4.

Address:

.....
.....
.....

| |
|--|
| Sketch Map of Your Home (with main features such as hotels, big shops, mosques, etc) |
|--|

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