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SUMMER CAMP FORM

Form No: ..................................

 (TO BE FILLED IN BLOCK LETTERS)

Name of Child: ...................................................................................

Sex: (F, M) ............................................. Age: .....................................

Date of Birth: .......................................................................................

Place of Birth: ...................................................... State of Origin: ..................................................

Nationality: ......................................................... Religion: ............................................................

**CHILD’S PAST ACADEMIC HISTORY**:

Child’s Current School: ....................................................................................................................

Previous Class: ..................................................................................................................................

Which Summer Class is your child applying for: .............................................................................

Summer Fee: N15, 000

Optional Services

Lunch: Yes or No N7, 000

School Shuttle: Yes or No N15, 000

HEALTH DETAILS

Child’s Blood Group: .....................

Genotype: ....................................... Immunizations:...........................................................

Allergies: ........................................................... Disabilities: ...................................................

PARENTS’ INFORMATION

 Name of Mother: ...............................................................................

 Occupation: .......................................................................................

 E-mail Address: .................................................................................

 Residential Address: ........................................................................................................................

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

 Office/Shop Address: .......................................................................................................................

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 Phone Number(s): .................................................................................

 Name of father: .....................................................................................

 Occupation: ...........................................................................................

 E-mail Address: .....................................................................................

 Residential Address: ........................................................................................................................

 Office/Shop Address: ......................................................................................................................

 Phone Number(s): ............................................................................................................................

 Whom is the child living with? (Please Tick)

Both Parents: [ ] Mother: [ ] Father: [ ]

Other Relatives: Relationship (specify): ..........................................

 Address: ...........................................................................................................................................

 Phone Number: ..............................................................................

SUMMER CAMP FORM

Name of Child ............................................................................................................................

Sex: (F, M) ........................... Age: ................. Date......................................

Internal Use

Child’s Previous Class: ................................ Class Studying: ………..........................

Summer Fee: N10, 000

Optional Services
Lunch & Fruits: Yes or No N7, 000

School Shuttle: Yes or No N15, 000

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SUMMER CAMP FORM

Name of Child .................................................................................................................................................

Sex: (F, M) ..................................... Age: ....................... Date...................................................................

Child’s Previous Class: .........................Which Summer Class is your child applying for: ..........................

Summer Fee: N10, 000

Optional Services
Lunch: Yes or No N7, 000

School Shuttle: Yes or No N15, 000