

SUMMER CAMP STUDENT ENROLLMENT FORM 2025

$\underline{\text{To be submitted prior to the first day}}$

1. STUDENT INFORMATION

My child is registered at	school in grade
	and number is
Student Details	
	irst names
Nate of Rirth (month/day/year)	Nationality
First Language	Other Languages
Number of siblings	Birth Certificate Number
J	
Parent Details	
Father's name (Surname/First names)	Mother's (Surname/First names)
Employer's Name	Employer's Name
Position	Position
Work Tel #	Work Tel #
Home Tel #	Home Tel #
Passport Number	Passport Number
Check one of the following: - Married	- Divorced -Separated - Single
Name of parent/guardian with custody of child	d (Attach court order)
Email addresses for all school correspondence	e (At least one)
WhatsApp Telephone numbers to add to FLA SL	IMMER CAMP Group
Home address with reference	
Alternative/Emergency Contact(s)	
In the event that the school in unable to contain	ct you in an emergency, please provide alternative contacts.
Contact name	Contact name
Tel Number	Tel Number
Relationship	Relationship
Learning disabilities	
	iculties, conditions or educational needs? (eg. Dyslexia, ADHD, ODD, OCD)
No Yes	
If yes, please provide additional information ar	id attach the reports.
Medical Information	
Family History, known allergies, previous illne	sses, physical or learning difficulties, including any relevant information on past or present
medical treatment including therapy, occupa	ational or psychological should be attached hereto.
,	
How did you hear about F.L.A? Friends/F	Family Website Advertisement Other



2.	MY PAYMENT CONTRACT	- PAYMENTS DUE PR	RIOR TO CHILD'S ENTRANCE						
Ci	rcle your selected options.								
	GROUP 1: AGE 17 m-3 years	GROUP 2: AGES 4-	5 GROUP 3: AGES 6-7	GROUP 4: AGES 8-9	GROUP 5: AGE 10-12				
All payments are due in cash on the first Monday of each week.									
rei I u the	ceipt upon payments. The respo nderstand that if payments are e month. I understand that all p	nsibility will be that of the pa not received within the first Jayments must be paid in ful	arents, in case a proof of paymer 5 academic days, penalty fees of	office in cash. It is the parents' re t should ever be requested from 10% will apply the first week, and for to the first day of my child at from this program.	FLA. I increase over the course of				
A g	reement		,						
	(Parent's surname)		(Parent's first name)						
			nd accurate to the best of my l nents will need to be submitted	knowledge. I have understood t I, within the allotted times.	hat in order for my child:				
Pa	rent Name Da	te	Parent Signature						

STUDENT TIMETABLE

Monday, July 1- Friday, August 8

ACE CROUPS	GROUP 1	GROUP 2	GROUP 3	GROUP 4	GROUP 5
AGE GROUPS	AGES 17 months-3 y	AGES 4-5	AGES 6-7	AGES 8-9	AGES 10-12
9:00-9:45	Soccer	Dance	Self-Defense	Art Therapy	Swimming
	Coach Cedric	Mrs. Patricia	Maitre Johng	Psych. Benie	Coach Ismael
9:45-10:30	Swimming	Soccer	Dance	Self-Defense	Art Therapy
	Coach Ismael	Coach Cedric	Mrs. Patricia	Maitre Johng	Psych. Benie
10:30-11:15	Art Therapy	Swimming	Soccer	Dance	Self-Defense
	Psych. Benie	Coach Ismael	Coach Cedric	Mrs. Patricia	Maitre Johng
11:15-12:00	Lunch & Play	Lunch & Play	Lunch & Play	Lunch & Play	Lunch & Play
12:00-12:45	Self-Defense	Art Therapy	Swimming	Soccer	Dance
	Maitre Johng	Psych. Benie	Coach Ismael	Coach Cedric	Mrs. Patricia
12:45-1:30	Dance	Self-Defense	Art Therapy	Swimming	Soccer
	Mrs. Patricia	Maitre Johng	Psych. Benie	Coach Ismael	Coach Cedric

What to Wear & Pack:

OLD play clothes

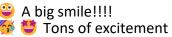
Swim Costume & Towel

🧴 Sunblock 🕸 😨

Mosquito repellent

Trainers/Crocs / Casual shoes

Water Bottle



Babies: 📎 under 3 years Nappies, wipes & spare clothes.