



CAMP SUMMER SIZZLE REGISTRATION FORM

CHILD 1: _____ Age & Birth Date: _____ School: _____

CHILD 2: _____ Age & Birth Date: _____ School: _____

CHILD 3: _____ Age & Birth Date: _____ School: _____

CHILD 4: _____ Age & Birth Date: _____ School: _____

CAMP RATES:

- Daily camp –GHC180
- Weekly Camp- GHC800
- Full Camp (8 Weeks) –GHC6000

Which camp are you signing up for? Please tick accordingly.

DAILY CAMP:

Week1 :	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
Week2 :	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
Week3 :	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
Week4 :	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
Week5 :	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
Week 6:	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
Week 7:	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
Week 8:	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>

WEEKLY CAMP:

Week1 :	<input type="checkbox"/>
Week2 :	<input type="checkbox"/>
Week3 :	<input type="checkbox"/>
Week4 :	<input type="checkbox"/>
Week5 :	<input type="checkbox"/>
Week6 :	<input type="checkbox"/>
Week 7 :	<input type="checkbox"/>
Week 8:	<input type="checkbox"/>

FULL CAMP



PAYMENT OPTIONS:

Zenith Bank Labone Branch -6011216056
MOMO Number-0243399604 (must include charges)

EMERGENCY CONTACT DETAILS:

Please notify us of any changes to these details. It is important for us to maintain up-to-date contact details at all times so we can provide the best care for your child. In the event of an emergency, please nominate the people you would like us to contact (including yourselves if appropriate).

Emergency Contact 1 (parent/person with parental responsibility)

Name: _____
Relationship to Child: _____
Contact No(s): _____
Address: _____
Email: _____

Please tick all statements that apply to this contact:

- This person is an authorized nominee to collect my child from the club.
- This person is authorized to consent to medical treatment and administration of medication and sign incident reports for my child.

Emergency Contact 2 (parent/person with parental responsibility)

Name: _____
Relationship to Child: _____
Contact No(s): _____
Address: _____
Email: _____

Please tick all statements that apply to this contact:

- This person is an authorized nominee to collect my child from the club.
- This person is authorized to consent to medical treatment and administration of medication and sign incident reports for my child.

Emergency Contact 3 (other than parent/guardian)

Name: _____
Relationship to Child: _____
Contact No(s): _____
Address: _____
Email: _____

Please tick all statements that apply to this contact:

- This person is an authorized nominee to collect my child from the club.
- This person is authorized to consent to medical treatment and
- Administration of medication and sign incident reports for my child.



MEDICAL INFORMATION (in the event of a medical emergency your child's medical practitioner's contact details may be required)

Medical Practitioner's Name _____ Address: _____

Mob 1: _____ Mob 2: _____

Any known allergies/physical problems/conditions (also state any dietary requirements)

Child's regular/required Medications whilst at Camp:

Is there anything you would like us to know about your camper(s)? _____

Sign _____ Name _____ Date _____

Office Use Only:

Date Registered _____

Camp Frequency _____