

REGISTRATION FORM

Name of the child: _____

Father's Name: _____

Mother's Name: _____

Address: _____

Phone:(Mobile) Father: _____

Mother: _____

Date of Birth: (DD/MM/YY) _____

Category: Little Wonders Witty Juniors Budding Seniors

Require Transport Facility: Yes No

Pick up: From: _____

Drop off: At: _____

After care needed: Yes No

Pick up time by parent:

- I. Special Concern - Prior to the time of registration any special physical, or medical needs including allergies should be discussed with the Camp coordinator.
- II. Any medicine to be administered will be given only when directed in writing by the parent.
- III. No refund of charges once the programme commences.
- IV. Organisers are not responsible for loss of any personal items. Parents are requested to label all belongings. Mobile phones and cash not permitted.
- V. Transport facility can be availed on payment of transport charges. Please contact office for details.
- VI. Students will be picked and dropped at designated stops only.
- VII. Those availing daycare facility should pick up their child latest by 6 pm.