

Spring Meadow Summer Camp
July 13 - July 30, 2015

REGISTRATION FORM

PARTICIPANT INFORMATION

Please type or print legibly.

Last Name: _____ First Name: _____

Gender: Female Male Age: _____ T-Shirt Size _____

School: _____

Class /year: _____

Home address: _____

City: _____ Telephone: _____ **PARENT/GUARDIAN INFORMATION**

Mum's name: _____ Tel: _____ E-mail: _____

Dad's name: _____ Tel: _____ E-mail: _____

Parent's email: _____

Person's Authorized to pick up child: _____

Emergency contact: _____ Relationship: _____ Phone no: _____

We offer the following:

Please choose one activity each from A, every child will take part in all activities in B

A. LANGUAGE PARLOUR

- French
- Igbo
- Yoruba

B. General activities such as: Art Education, STEM, Book Café, Music e.t.c.

What are your expectations during this period?

OTHERS

Fees/week:

PAYMENT	WEEK 1 TOTAL	WEEK 2 TOTAL	WEEK2 TOTAL
CAMP FEE/week N20, 000	N23, 500 + LUNCH	N47, 000 + LUNCH	N70, 500 +LUNCH
LUNCH/week optional* N3, 500	N20, 000 WITHOUT LUNCH	N40, 000 WITHOUT LUNCH	60, 000 WITHOUT LUNCH

* If you will be sending your child's lunch, please be sure that your child's lunch is clearly marked with your child's name and last name. Children are to come with a snack and drink every day.

We do not provide make-ups or refunds for any days missed for any reason. Please do your best to come to **Spring Meadow Summer Camp** every day.

- **NOTE:** *DROP OFF: 8:03AM for all campers *PICK UP TIME: 3:00PM for all campers

#2000 fee will be charged for late pick up, every half hour after 3:30pm

PLEASE NOTE THAT FAMILY IDENTIFICATION CARD WHICH WILL BE ISSUED DURING THE CAMP SHOULD ALWAYS BE USED FOR PICK-UP AND IS VALID TILL 31st OF JULY, 2014.

MEDICAL INFORMATION

Does your child have any medical condition or form of allergy that the school should know about? YES NO

If YES, please state

Is your child on any medication? No Yes If so, please specify: _____

Can the School Matron administer Paracetamol to your child if the need arises? YES No

Has your child been immunized against the following? Chicken pox YES No Diphtheria YES No

In an emergency, are we allowed to take your child to the hospital? YES No

Your Doctor's Name: _____ Telephone: _____

Address: _____

I hereby give permission to **Spring Meadow Edutainment** to photograph and/or videotape my child for educational or promotional purposes. _____ (Initial)

PARENT STATEMENT

I hereby state that (camper's name) _____ is in good mental and physical health condition to participate in the activities provided by Spring Meadow, including but not limited to all aspects of , aerobics, dance, swimming, basketball, soccer and competitions

I understand that **Spring Meadow Edutainment** has the right to deny admittance to any student not meeting the standards of the program as it deems fit. **Spring Meadow Edutainment**, has the right to exclude any student for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

By signing this form you agree to our terms and condition.

Parent's/Guardian's Signature _____ Date _____

Mode of payment:

Electronic transfer

POS

Bank transfer

For electronic transfers, please find below the account information.

Account name: Spring Meadow Limited

Account number: 0013729058, Stanbic IBTC Bank

For online transfer, please include **Summer Camp in the remark/description column**, an evidence of payment is required for guaranteed registration, come along with it upon submission of form or email scanned copy back to us (**in case of online submission of form**). For bank transfer, come along with **your teller when submitting the form**.

Contact Information

For more information, contact Miss Olayiwole Ademayowa on **08070490154**

Emails: info@[springmeadowedutainment.com](mailto:info@springmeadowedutainment.com)