

KNOWLEDGE CITY

Shining Stars Summer Camp 2019

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PERSONAL INFORMATION

Name of Student: _____ Date of Birth: _____ Age(at the time of Camp): _____

Name you prefer to be called (if different): _____

Name of School: _____ Class: _____

Name of Parent/Guardian/: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address you check frequently: _____

Best way to contact you? (circle one) **Home Phone** **Cell Phone** **Email**

SELECT YOUR CHOICE

- | | | | | |
|--|--|---|--------------------------------------|---|
| <input type="checkbox"/> Dance | <input type="checkbox"/> Music | <input type="checkbox"/> Art & Craft | <input type="checkbox"/> Handwriting | <input type="checkbox"/> Spoken English |
| <input type="checkbox"/> Basic Computer Course | <input type="checkbox"/> Painting | <input type="checkbox"/> Physical Health: Yoga & Martial Arts | | |
| <input type="checkbox"/> Photoshop | <input type="checkbox"/> Best out of Waste | | | |
| <input type="checkbox"/> OTHERS _____ | | | | |

DECLARATION

I understand that the summer camp will start from May 17th till June 05th. I will follow the rules and regulations of the summer camp. I also understand the amount deposited is non refundable in any circumstances

Date: _____

Signature _____