



International School of Port of Spain Summer Camp • Registration Form

1 International Drive, Westmoorings, Trinidad and Tobago, W.I.

Tel: 868-633-477 Fax: 868-632-4595

Camp Director: sjulien@isps.edu.tt Head Counsellor (Operations): isps.summercamp@gmail.com

Receipt Number: _____

Camper Information

Full Name: _____

Age: _____ Male Female Current Grade: _____

T-shirt Size (Circle appropriate size) Child Sizes: 12 14 16 18

Adult Sizes: S M L XL

Programme Information

Tick the appropriate age grouping 4 – 6 7 – 8 9 – 10 11 – 12

Tick the desired session: Session 1 (28th June – 2nd July) Session 2 (5th – 9th) Session 3 (12th – 16th)

Tick the appropriate programme(s): Summer Camp Summer School

Parent/Guardian and Emergency Contact Information

Parent/Guardian Name: _____ Telephone (Mobile): _____

(Home): _____ (Work): _____ ext: _____ Email: _____

Parent/Guardian Name _____ Telephone (Mobile): _____

(Home): _____ (Work): _____ ext: _____ Email: _____

In the event of emergency and the Camp is unable to contact anyone listed above, please indicate below who we can contact.

Emergency Name _____ Telephone (Mobile): _____

(Home): _____ (Work): _____ ext: _____ Email: _____

Emergency Name _____ Telephone (Mobile): _____

(Home): _____ (Work): _____ ext: _____ Email: _____

Field Trip Information (Camp Only)

Field Trip information will be provided in the Camp newsletter. No camper will be allowed to go on a field trip without the field trip permission section completed.

I give permission for my child/ward _____ to participate in all of ISPS Summer Camp 2010 field trips. I understand that the camp will provide adults to accompany my child/ward on these trips. I authorise the camp personnel supervising these trips to provide or obtain medical care for my child during this trip, should it become necessary.

Parent/Guardian Name (BLOCK LETTERS)

Signature of Parent/Guardian Name

Date

Medical Information

No camper will be registered without this section filled in.

Date of last *Tetanus Booster*: _____

Allergies (Environmental, Food, Medicine, etc.) _____

Current Medication (Name and Dosage) _____

Special Health Concerns: _____

Medical Authorisation

I authorise ISPS Summer Camp to give my child an appropriate dose of *Tylenol* [Yes] [No] *Anti-itch Cream* [Yes] [No]

I also authorise the Camp to seek emergency care for my child _____

in the event of injury or illness. I also agree to cover the cost of any medical expense incurred.

| | | |
|--------------------------------------|-----------------------------------|------|
| Parent/Guardian Name (BLOCK LETTERS) | Signature of Parent/Guardian Name | Date |
|--------------------------------------|-----------------------------------|------|

Payment Information

Enrolment Fee

Each week of Summer Camp costs TT\$750/US\$123. Each week of Summer School costs TT\$1000/US\$164. Summer School students, who also enrol in the Summer Camp, pay an extra TT\$355/US\$ 59 per week. A fifty percent (50%) of the enrolment fee is refunded for any cancellation after two (2) weeks before the start of any session.

Deposit

A non-refundable deposit of TT\$200/US\$ 33 is required to reserve space in the programme. This deposit is part of the enrolment fee.

Payment Option

1. **Cash** is the preferred payment option. Trinidad and Tobago (TT) currency is the preferred currency; however, United States (US) currency is accepted.
2. **Linx (Debit Card)**. *Credit cards are not accepted.*
3. **TT or US Dollar Cheques** made out to the International School of Port of Spain (ISPS) are accepted.

Payment Deadline

All fees **must** be paid in full before the child begins camp.

For Official Use Only

Deposit: _____ Date: _____

Session 1: _____ Date: _____

Session 2: _____ Date: _____

Session 3: _____ Date: _____