



St Lucia Teachers' Credit Cooperative Ltd

Depositors' Summer Camp Registration Form 2024

For Official Use Only

No. _____

Registration Fee Paid

Summer Camp is for children between the ages of 5-15 years from Monday 22nd – Friday 26th July, 2024. The camp begins from 9:00 am-2:30 pm.
The camp will include both educational and social activities.

Information

Parents /Guardians are requested to sign consent forms and pay a **registration fee of \$50 dollars** prior to each participants' acceptance on the program. Upon payment, a receipt will be given.

DEPOSITOR'S NAME: _____

A/C NUMBER: _____

D.O.B. (dd/mm/yyyy) : _____ / _____ / _____ AGE: _____ MALE: FEMALE

SCHOOL: _____ GRADE / FORM _____

SHIRT SIZE : 8 ___ 10 ___ 12 ___ 14 ___ 16 ___ S ___ M ___ L ___

PARENT/GUARDIAN: _____

ADDRESS: _____

EMAIL: _____

PHONE: (H) _____ (W) _____ (C) _____

Are there **any medical conditions, medication to be taken, recent injuries and / or allergies** of which we should be aware? YES/NO

If YES, please advise for your child _____

Parent/Guardian Declaration: In signing this form, I understand that:

My child is permitted to participate in this Depositors Summer Camp under the supervision of Camp Administrators of the St Lucia Teachers' Credit Cooperative Ltd to include tours, field trips and sporting activities. My child takes responsibility for all personal property.

Signature

_____/_____/_____
Date

**Ensure that your child walk with masks and sanitizer.
A SNACK AND LUNCH WILL BE PROVIDED DAILY**