Child Photo

 

Global Concepts & Azyzah Theatre

Summer Play Camps

Application Form

INFORMATION

Child’s Full Name Nickname Gender Birth date (dd/mm/yy)

Home Address Home Phone

City Post Code District name

Father’s Name Home /Mobile Phone

Mother’s Name Mobil Phone

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E-mail address

## Choose your weekly attendance

**1-** **July 5-9** **\_\_\_\_\_\_\_\_**

**2-** **July 12-16** **\_\_\_\_\_\_\_\_**

**3-** **July 19-23** **\_\_\_\_\_\_\_\_**

**4-** **July 26-30** **\_\_\_\_\_\_\_\_**

**5-** **August 2-6** **\_\_\_\_\_\_\_\_**

**6-** **August 9-13** **\_\_\_\_\_\_\_\_**

# OTHER INFORMATION

Do you or your child require special accommodations or do either of you have special needs of which the staff should be aware (allergies, medical conditions, special dietary needs, etc.)? Please explain.

# PARENT AGREEMENT STATEMENT

We have read all documents and applications forms concerning the enrollment package and understand the following:

1. All payments must be made Monday morning for the entire week in cash in a sealed envelop for the amount of 5 500 CZK. Note there will be no refund in case of COVID19 closure or in your child’s absence.
2. I have read the „Prepare your Child for Summer Fun Camp“ document and understand all the conditions for a successfull session. I have also prepared my child for this new adventure.

1. I have read the Covid19 measures document and understand that due to the situation changes may occur at any time during the summer fun camp weeks.
2. I have sent a copy of my child’s health insurance.

**SIGNATURES:**

Mother’s Signature: Date

Father’s Signature: Date

Please return this application form to the school office or by email [vanessa@azyzah.com](mailto:vanessa@azyzah.com)