

REGISTRATION - Summer Camp



Office opening hours: Daily from 9am-2pm

PLEASE WRITE CLEARLY AND IN BLOCK CAPITALS

I wish to register my child with **International Summer Camp 2017:**

26th June to 30th June 2017 ☐ 1175DKK / 975DKK for children already enrolled at Kochs School

3th July to 7th July 2017 ☐ 1175DKK / 975DKK for children already enrolled at Kochs School

Child's full name _____

Address: _____ Postcode: _____ Town: _____

CPR/CDR-no.: (if available) _____ Class: _____ School: _____

Age _____ Sex _____ Pupil at N. Kochs school? Yes/No

First Language _____ Second language _____

I am interested in workshop: **ART&CRAFT** **COOKERY** **DRAMA** **SPORTS&OUTDOOR**

Mother's name: _____ Father's name : _____

Tel: priv.: _____ Tel work.: _____ Tel. priv.: _____ Tel.work.: _____

Cellphone: _____ Cellphone: _____

Email: _____ Email: _____

Does your child have any allergies we should be aware of? ☐ Yes, if so which?: _____ ☐ No

Are there any other issues we should be aware of? If so, please describe them here:

I, the undersigned, give permission for my child/children to take part in field trips outside the school's grounds Yes/No

I give the school permission to photograph and videotape my child to be used internally and for potential external advertisement Yes/No

I give the school permission to transport my child to the Hospital in the case of a serious accident or illness. Yes/No

Aarhus, date: _____ / _____ 2017

Mother's signature

Father's signature

**In order to be considered for a place in our Summer Camp Programme, it is necessary for a deposit to be paid latest 14 days after completion of the registration form.
Please pay your deposit via the bank – reg.no. 5061 account no.: 0001101184. As soon as we have recieved your deposit and this registration form, you will recieve a confirmation from us that your child/children has been placed in the Summer Camp programme 2017.**