



Kingston Language Institute

Registration Form

Student Name: _____

Date of Birth: _____

Parent(s) Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Emergency Contact: _____

Phone Number: _____

Dates attending (Please check all that apply):

_____ July 9-13, 2012 (French)

_____ July 16-20, 2012 (French)

_____ July 23-27, 2012 (Spanish)

_____ July 30- August 3, 2012 (Spanish)

Please inform us of any medical conditions your child has that we should be aware of (ex: allergies):

Notes:
