



Kingston Language Institute

## Summer Camp Registration Form

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Level of English (Please Check):

Beginner \_\_\_\_\_

Intermediate \_\_\_\_\_

Advanced \_\_\_\_\_

Weeks Attending:

\_\_\_\_\_ July 10-14, 2017

\_\_\_\_\_ July 17-21, 2017

\_\_\_\_\_ July 24- 28, 2017

\_\_\_\_\_ July 31- Aug. 4, 2017

\_\_\_\_\_ Aug. 7-11, 2017

\_\_\_\_\_ Aug. 14-18, 2017

\*weekly fee \$260

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

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The students will be participating in a variety of activities in and around Kingston that may require us to transport them in a private vehicle. By signing the form below, you are giving your child permission to participate in the scheduled activities of the Summer Youth Program at Kingston Language Institute.

Signature of parent or guardian: \_\_\_\_\_