



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: \_\_\_\_\_

Dates Attending (Please check all that apply):

July 1 - July 14, 2006 \_\_\_\_\_

July 14 - July 28, 2006 \_\_\_\_\_

July 28 - Aug 11, 2006 \_\_\_\_\_

Aug 11 - Aug 25, 2006 \_\_\_\_\_

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

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T-Shirt Size (Please Circle):

Youth: S M L Adult: S M L XL

Notes:

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