

SUMMER ACTIVITIES - 2008

Application Form

Name Of Child

Age Of Child.....School Year as at June 2008.....

Address.....

.....

Name Of Parent/Guardian.....

☎ (Home)..... (Work/mobile).....

Email.....

Emergency Contact Name.....

☎

Name Of Doctor.....

☎

Medical History:

Allergies Yes/No. If yes please give details

On Regular Medication Yes/No. If yes please give details

I Enclose payment of (please tick boxes as appropriate)

£45.00 for week 1 £85.00 for both weeks

£40.00 for week 2

Please make Cheque payable to "K.S.I.M.C Of London"

I can/cannot help out during summer camp.

If you can help please indicate date and time.(Please apply by end March)

Name: _____ Date(s): _____ am/pm/full day

Signed: Parent/Guardian

*Please post the form with payment to Hamida Hussein, Summer Activities 2008,
32, Meredith Close, Pinner, Middx HA5 4RP.*