## Spring Camp 2024 Application Form





Child*s Name: / / / Middle
Date of Birth: / / / Age:
Residence Address:
Phone: Email Address:
*CLASS:ToddlerKindergartenElementary
*Schedule:session 1(5days)session 2(5days)  or  Man 18
Mar 18Mar 19Mar 20Mar 21Mar 22
Mar 25Mar 26Mar 27Mar 28Mar 29  Total: days
* Would you need to buy a uniform?  Required to wear the uniform for daily outside activities for safety reason.
YesNo Number of piece/s:
Parent's Name:
Contact Number:
Signature of Parent:
Date: