



HOLIDAY CAMP REGISTRATION FORM

Registration Information

Last Name		First Name		Middle Name(s)	
DOB (Day, Month, Year)		Age at Registration		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Current Level/Standard			Holiday Camp Week		
			<input type="checkbox"/> Nov 17 - 21 full half <input type="checkbox"/> Nov 24 - 28 full half		
Religion		Nationality		Principal Language spoken at home	
Name and Address of Emergency Contact				Do you require pick up to/from camp? Yes No	
				Pick up location:	
Does your child have any allergies or specific diet requirements?					
Does your child have any concerns or medical conditions? Please provide details / relevant documentation					

Family Information (if not already registered at KenCada)

	Father/Guardian	Mother/Guardian
Surname		
First name, Middle Initial		
Home Address		
Home Phone		
Cell Phone		
Home Email		
Languages Spoken (at home)		
Level of Education		
Occupation		

Sibling Information (aged 16 and under)

	Sibling	Sibling	Sibling
Name			
Age			
Standard			
Gender			
Current School			

Please indicate how you came to hear about KenCada International Academy

<input type="checkbox"/> Another parent	<input type="checkbox"/> Teacher/staff	<input type="checkbox"/> Brochure	<input type="checkbox"/> Website
<input type="checkbox"/> School bus	<input type="checkbox"/> Facebook or Twitter	<input type="checkbox"/> Radio	<input type="checkbox"/> Other: _____

Declaration (To be signed by Parent / Guardian)

1. We acknowledge that this application does not automatically admit the applicant to KenCada International Academy programs.
2. KenCada International Academy reserves the right to make a final decision about admission. Any falsified or withholding of information may constitute in a withdrawal of the student.
3. We acknowledge that, should this application be accepted, our child and we (his/her parents or guardians), will abide by the policies and regulations and values of KenCada International Academy and we understand that serious infractions may result in dismissal from the school or program.
4. We acknowledge that, upon acceptance, we agree to pay the applicable fee and abide by the billing structure outlined in the Fee Schedule. If our child wishes to withdraw from the camp, a refund will not be given after the first day.
5. We acknowledge that the school will take reasonable care and exercise due diligence within its premises and during school activities and will bear no responsibility should our child exercise any reckless and / or careless behaviour that may endanger his/her safety and others around and as such cause harm or injury to himself / herself and others.
6. We acknowledge that the school is not responsible for loss/damage to personal property or supplies.
7. We agree that upon leaving the camp or program, we will return any school property we or our child might have borrowed during the camp or program.

Fee Structure

	Full Day	Half Day
Fee*	Ksh 1500	Ksh 1000
Lunch and snacks	Ksh 500	Ksh 500
Transport	TBD based on location	TBD based on location

*A deposit of Ksh 500 is required upon application and is credited towards total camp fees.

Signature (Parent/Guardian)	Date