



SUMMER / WINTER CAMP ENROLLMENT FORM

Student Information

Name of Student: _____ Age: _____ DOB: MM____ / DD____ / YY____

Likes to be called: _____ Male Female

Nationality: _____

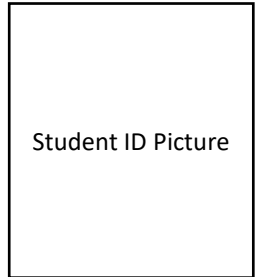
Languages Spoken: _____

Address: _____

Name and Age of Siblings at GSMIS: _____

Primary Caregiver's Name: _____

Can the primary caregiver speak/read/write English? Yes No



Family Information

Name of the Father: _____ Nationality: _____ Occupation: _____

Phone: _____ Cell: _____ Email: _____

Address (If different from student): _____

Language Spoken: _____

Name of the Mother: _____ Nationality _____ Occupation: _____

Phone: _____ Cell: _____ Email: _____

Address (If different from student): _____

Languages Spoken: _____

Select and circle your choice:

- 1 Week Full Course Week 1 Week 2 Week3
 4 Days Crash Course
 3 Days Crash Course Winter Camp
 Extended Care (3:00 ~ 5:00)
 Extended Care (3:00 ~ 6:00)

