

Preschool Summer Programme Porches – Student Registration

Student Information

Family name _____ M F

First name _____ Preferred name / Nickname _____

Date of birth ____ - ____ - ____ Age _____ Nationality _____

Native Language _____ Languages Spoken _____

Booking Contact Information (Please provide the details of the main contact for this booking)

Title (Mr/Mrs/Dr etc.) _____ First Name _____ Family Name _____

Relation to the child: Mother Father Other relative/Guardian (please specify) _____

House Name / Number _____ Street Name _____

Town/City _____ Postcode _____ Country _____

Preferred phone number 1 (including country code) _____

(Daytime / Evening) mark as appropriate

Preferred phone number 2 (including country code) _____

(Daytime / Evening) mark as appropriate

Email : _____

Signature : _____

Course Dates & Prices

Please select the desired options below

Note – One off registration including Insurance €25,00 (this doesn't apply to Nobel Algarve students)

The programme includes:

- Daily activities at the school
- One morning excursion per week
- Pool and/or Beach visits daily
- From 02/07/2018 to 10/08/2018
- Monday to Friday, 9h-17h
- Location: Porches (Lagoa) – from 3 to 6 years
- Meals included (AM and PM snacks, plus lunch)
- Price: 60 € / week

Day Care Program at Nobel International School Algarve Lagoa

Arrival Date	Departure Date	Number of Weeks	Price	Select
Monday, 2nd July	Friday, 13th July	2 weeks	€120,00	<input type="checkbox"/>
Monday, 16th July	Friday, 27th July	2 weeks	€120,00	<input type="checkbox"/>
Monday, 30th July	Friday, 10th August	2 weeks	€120,00	<input type="checkbox"/>

Total cost _____ € Notes _____

Required by the Nobel International School of the Algarve 2 weeks before course dates:

- Copy of students valid photo identification document
- All Forms completed in full
- Full payment of all values owing

Medical

Student Name: _____

Does your child suffer from any medical condition or allergy that we should know about?

- No
- Yes. Please explain _____

If yes, please ask your doctor to fill in the information in the block below;

Active Participation in Activities

Student may participate in all activities on offer

- Yes
- No. Please specify _____

Student may participate in all activities on offer but must take the following precautions _____

Student may **not** participate in the following activities: _____

Medical Treatment / Specific Medical Care Required

Please provide details _____

Doctors Name _____

Signature & Stamp _____