

# Summer Programme Lagoa Student Registration / Age 6-12



## Student Information

Family name ..... M  F

First name ..... Preferred name .....

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 : .....

## Course Dates & Prices *Please select the desired options below*

### The programme includes:

- Daily activities at the school
- One morning excursion per week
- Pool and/or Beach visits daily
- From 01/07/2019 to 09/08/2019
- Monday to Friday, 9h-17h
- Location: Porches (Lagoa) – from 3 to 6 years
- Meals included
- Price: 95 € / week

### Day Care Program at Nobel International School Algarve Lagoa

Arrival Date	Departure Date	Number of Weeks	Price	Select
Monday, 1st July	Friday, 12th July	2 weeks	€ 150,00	<input type="checkbox"/>
Monday, 15th July	Friday, 27th July	2 weeks	€ 150,00	<input type="checkbox"/>
Monday, 29th July	Friday, 9th August	2 weeks	€ 150,00	<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: .....

Your child must have received a tetanus vaccination within the last 10 years before attending the day care programme.

Date of last Tetanus vaccination: ..... / ..... / .....

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

No

Yes. Please stipulate .....

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 .....

Doctor's Name .....

Signature & Stamp .....