

Summer Programme Lagoa

Student Registration Age 3-6

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)*

First Name Family Name

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

Full address:

Preferred phone number | (including country code)

Email :

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

The programme includes:

- Daily activities at the school
- From 05/07/2021 to 13/08/2021
- Monday to Friday, 9a.m. - 4.30p.m.
- Location: Porches (Lagoa)
- Meals included
- Price: 65€ per week

Day Care Program at Nobel International School Algarve Lagoa

Arrival Date	Departure Date	Select
Monday, 5th July	Friday, 9th July	<input type="checkbox"/>
Monday, 12th July	Friday, 16th July	<input type="checkbox"/>
Monday, 19th July	Friday, 23rd July	<input type="checkbox"/>
Monday, 26th July	Friday, 30th July	<input type="checkbox"/>
Monday, 2nd August	Friday, 6th August	<input type="checkbox"/>
Monday, 9th August	Friday, 13th August	<input type="checkbox"/>

Required by the Nobel International School of the Algarve to secure booking:

- 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 advise

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