



Summer Camp Registration 2009

(Please complete **FRONT** and return to the ASK Business Office with full payment)

Student Information

Student Name:	Date of Birth:
Current School:	Grade Level Completed:
Allergies or Special Medical Needs:	
Emergency Procedures: If ASK Summer Camp staff members are unable to contact me regarding my son's/daughter's health, or in the case of an emergency, I hereby authorize a Summer Camp official to contact appropriate medical personnel to address his/her needs.	
Parent Signature: _____	

Family Information

Father's Name:	Email Address:	
Home Phone:	Mobile Phone:	
Mother's Name:	Email Address:	
Home Phone:	Mobile Phone:	
Sibling Attending Camp:	Gender:	Age:
Sibling Attending Camp:	Gender:	Age:

Camp Information

"Passport to Adventure" Camp	Circle One: ASK Student / Non-ASK Student	KD
Total Amount Due		KD

Tuition: ASK Students - KD 320 Non-ASK Students - KD 350