

LEBANESE AMERICAN UNIVERSITY
Continuing Education Program
Summer Camp Application Form

Kindly submit the following documents along with the application form:

- 1- One Passport Photo
- 2- One Photocopy of the Identity Card
- 3- Summer Camp Enrolment Fees in cash

This application must be completed by the child's parent or legal guardian

CHILD'S INFORMATION

Family Name First Name Father's Name

Place of Birth:

City Country

Date of Birth: / /
Day / Month / Year

First Language: Second Language:

Has the child attended any summer camp before? Yes No

If yes, where and when? :

Current School:

Name of School	Address of School	Class Completed

Please list any of the Child's **special Interest**:

Please Name any Special Friend(s) you would like your child to be with in the same group:

Does the child need any **special medical care**? Yes No

If yes, please describe the case:

GENERAL INFORMATION

Residence address:

Floor Building Street City

Home Telephone:

Person to contact in case of emergency:

Name Relationship to the child

Building Street City

Business Telephone Cellular Phone

Home Telephone Email

Brothers & Sisters attending the CEP (LAU) Summer Camp:

Name	Date of Birth

FIELD TRIP PERMISSION FORM

I guardian child's name
Parent's name

1 - Give permission for my child to participate in off-site field trips (including transportation) as part of the Summer Camp Program. In case of

emergency, I may be reached at ,
Cell number Home number

I agree

I don't agree

Testimonial Authorization Form

2 - Approve the use of any testimonials or photos given to be published in LAU brochures, magazines, promotional materials, or publications.

I agree

Pick-Up Form

3-For your child's safety, please specify the persons that have the permission to pick-up your child from the camp.

- Your child will not be allowed to leave LAU premises with any other person unless the CEP office is notified.
- If there are any changes, please notify the office in writing.
- Please include the names of both parents to ensure safe pick-up of your child.

Name Relationship

Name Relationship

Name Relationship

Registration Details

Please choose from the below:

Starting Date: From To

Number of weeks: 1 2 3 4 5

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By signing this form I confirm that I have read and understood the terms of enrollment and agree to these terms.

Name: _____ Relationship to the child: _____

Signature: _____ Date: _____