

**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 (ID)
- 3- Copy of the family civil status
- 4- Size (3 x 4) photo and copy of ID for each of the individuals designated to pick up the child

Child's Photo

**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 camps 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:**

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Please name any Special Friend(s) you would like your child to be within the group:

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

If yes, please describe:

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## General Information

**Residence address:**

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Street	Building	Floor	City
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Home Telephone:

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Is one of the child's parents an LAU-Alumni:  Yes  No

Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Is one of the child's parents \*full sibling an LAU faculty or staff

Yes  No

If Yes, Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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**Person(s) to contact in case of emergency:**

Name	Relationship to the child
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Name	Relationship to the child
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Name	Relationship to the child
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Street	Building	City
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Business Telephone	Cellular Phone
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Home Telephone	Email
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**\*Full siblings' dependent:** A person who shares the same set of biological parents.

**Brothers & sisters attending the CEP (LAU) Summer Camp:**

Name	Date of Birth

### Field Trip Permission Form

Parent's Name

Child's Name

1 - give permission to 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

I don't 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.

**You are solely responsible for providing the below individuals with the pick-up card, when necessary. No individual shall be able to pick up the child without this pick up card.**

- Copies of IDs for the individuals designated to pick up the children is mandatory.

Name  Relationship

Name  Relationship

Name  Relationship

Name  Relationship

**You shall inform CEP immediately, should the pick-up card become lost or stolen.**

## Registration Details

Please choose from the below:

Starting Date: From  To

Number of weeks:

1     2     3     4     5     6

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

Father / Name:

Mother/ Name:

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Signature:

Date:

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