



SUMMER CAMP REGISTRATION FORM

PARENT/GUARDIAN NAME(S) EMAIL.....

ADDRESS..... PHONE NUMBER.....

ALTERNATE CONTACT PHONE NUMBER

STUDENT'S NAME	AGE	SUMMER CAMP DURATION	FEE
.....
.....
.....

IF ANY OF THE STUDENTS HAVE MEDICAL/SPECIAL NEEDS, PLEASE LIST DETAILS BELOW:

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.....
.....

LUNCH OPTION (see menu): YES NO

Do you have any food allergies? YES NO

If yes, please list applicable food(s).....

Would you like to participate in our annual Piccadilly Summer Party? YES NO
(5% discount applicable)

TOTAL PAYMENT DUE

METHOD OF PAYMENT: CASH TRANSFER/POS

SIGNATURE..... DATE.....

PICK UP: I GIVE PICCADILLY ENTERTAINMENT THE PERMISSION TO RELEASE MY CHILD TO THE FOLLOWING PEOPLE.

NAME..... PHONE NUMBER..... RELATIONSHIP.....

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Ground Floor,
Beside Spar
Ceddi Plaza, CBD,
Abuja.
0818 656 4793