



**ZUWENA KIDS HOLIDAY CLUB
REGISTRATION FORMS**

CHILD DETAILS

Child's Names: _____
First Name
Middle Name
Last Name

Physical Address (Estate): _____
Home Tel no.: _____

Nearest Land Mark: _____ House No.: _____

Date of Birth: ____ / ____ / _____ Sex (M/F): _____ Nationality: _____ Religion: _____

Does your child have any medical condition (including Allergies)? Yes No (If **yes** please state briefly)

DURATION OF THE CAMP

WEEK 1 (14th Nov – 18th Nov) WEEK 2 (21st Nov – 25th Nov) WEEK 3 (28th Nov – 02nd Dec) WEEK 4 (05th Dec – 09th Dec)

PARENTS / GUARDIANS DETAILS

Names: _____ Relationship to the child: _____ Passport / ID no.: _____

Email: _____ (Mobile): _____

Work Place: _____ **Signature:** _____ **Date:** _____

Names: _____ Relationship to the child: _____ Passport / ID no.: _____

Email: _____ (Mobile): _____

Work Place: _____ **Signature:** _____ **Date:** _____

AUTHORISED PERSONS TO PICK UP THE CHILD (from the drop off point OR incase of Emergency (not parent / not guardian))

Names: _____ Relationship to the child: _____

Passport / ID no.: _____ (Mobile): _____

PAYMENT DETAILS

BANK NAME	ACCOUNT NUMBER	BRANCH
Commercial Bank of Africa (CBA)	7714490017	Wabera Branch
M-PESA PAY BILL NUMBER 184443 (the account number in the <i>paybill option</i> should at least be two names of the child .)		

Kindly return this form with a payment confirmation or a cheque payable to **ZUWENA INTERNATIONAL SCHOOL**. All payments are to be made by Monday 14th November 2016 for the 4 weeks **OR** by every Monday for the weekly payments.

For more enquiries kindly contact us on 0714 555 656
Terms and conditions apply