



REGISTRATION FORM

(Age : 5yrs to 8 yrs)

Child's full name:

Date of Birth: _____ Age: _____

Gender: Male / Female

School : _____

Class: _____

Paste Photo here

Parent's/Guardian's full name:

Address:

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Mob: _____ E-mail: _____

Theme/s you want to choose:

Save the Blue (7th - 11th May)

Imagination, Innovation, Invention (14th - 18th May)

Artistic Panorama (21th - 25th May)

Dramatic Rendezvous (28th May - 1st June)



Child's Special Interests and Activities:

Any Allergy your child has :

In case of emergency, contact the following individuals:

Name: _____

Phone: _____

How did you come to know about us:

Disclaimer

It is important that parents go through our programme schedules. If the participant is under medication or has any kind of allergies please inform us in detail. While we take the participants to outdoor trips and any unforeseen situation arises, CEE will not be responsible.

I have gone through the terms and conditions mentioned above.

Parent's/ Guardian's
Signature:

Date:

