



Sesame's Winter Camp 2020

Application Form

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

Date of Birth: _____ / _____ / _____ Age: _____
month day year

Residence Address: _____

Phone: _____ Email Address: _____

CLASS: __ Toddler __ Kindergarten __ Elementary

Schedule: __ session 1 (5 days) __ session 2 (5 days)

or

__ Dec 14 __ Dec 15 __ Dec 16 __ Dec 17 __ Dec 18
__ Dec 21 __ Dec 22 __ Dec 23 __ Dec 24 __ Dec 25

Total: _____ days

* Would you need to buy a uniform?

__ Yes __ No Number of piece/s: _____

Parent's Name: _____

Contact Number: _____

Signature of Parent: _____

Date: _____

