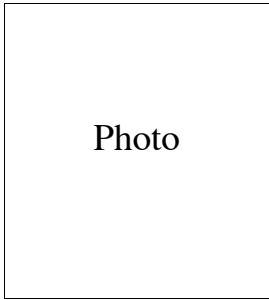




**JOHN F. KENNEDY
INTERNATIONAL
SCHOOL**



**APPLICATION FOR
SUMMER CAMP 2010**

Family Name of Child: _____

First Names: _____ Name Used: _____

Date of Birth: _____ (Day / Month / Year) Boy Girl

Nationality: _____ First Language: _____

Second Languages: _____

Please check the appropriate box or boxes:

July Session:	Boarder	<input type="checkbox"/>	Day Student Only	<input type="checkbox"/>
August Session:	Boarder	<input type="checkbox"/>	Day Student Only	<input type="checkbox"/>

Name of Parent or Guardian: _____

Mailing Address: _____

Telephone Numbers: _____

Fax Numbers: _____

Mobile Phone: _____

Email Address: _____

This is to certify that I agree to the terms and conditions for summer camp, and that if this application is accepted by the Kennedy School, I will pay the camp fees in accordance with the terms. I understand that no portion of the registration deposit will be refunded unless written notice indicating that the above-mentioned child will be unable to attend, is received by the school on or before 01. May 2010. I understand and agree that no reduction in fees or allowance will be made for my child's temporary absence, withdrawal or dismissal from camp.

Date: _____

Signature: _____