APPLICATION FORM

ST. MICHAEL FOUNDATION

 SUMMER CLUB 2023

|  |  |
| --- | --- |
| CHILD’S NAME: |  |
| ST. MICHAEL STUDENT: | YES / NO |
| CURRENT CLASS: |  |
| DATE OF BIRTH: |  |
| ADDRESS: |  |
| PARENTS’/GUARDIANS’ NAMES & MOBILE NOS: | 1. |
| 2. |
| E-MAIL ADDRESS: |  |
| ALLERGIES: |  |
| MEDICAL CONDITIONS: |  |
|  |  |
| **PLEASE TICK:** |
| Program A TUE/WED/THU | €350 |
| Program B TUE & WED | €250 |
| Program C TUE & THU | €250 |
| Program D WED & THU | €250 |
|  |  |
| Please circle form of payment:  | cash / cheque / bank transfer |

 St Michael Foundation BOV IBAN No. MT02VALL22013000000040013529923

I/WE CONSENT TO MY/OUR SON/DAUGHTER APPEARING IN ANY PHOTOS AND/OR VIDEOS WHICH MAY BE TAKEN DURING THIS SUMMER CLUB AND USED IN THE SCHOOL MAGAZINE AS WELL AS ON THE SCHOOL WEBSITE OR SCHOOL FACEBOOK PAGE.

ACTIVITIES CONSENT:

I/WE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, PARENT/S / GUARDIAN/S OF

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DO HEREBY GRANT MY/OUR SON/DAUGHTER PERMISSION TO ATTEND THE ST. MICHAEL FOUNDATION SUMMER CLUB 2023 BETWEEN 11TH JULY AND 31ST AUGUST 2023. WE ALSO CONSENT TO MY/OUR SON’S/DAUGHTER’S PARTICIPATION IN THE ACTIVITIES BELOW:

***ART – DRAMA – SPORT – MUSIC – DANCE***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Parent/s / Guardian/s Name (in block letters) Parent/s / Guardian/s Signature