TDCC SUMMER PROGRAM – REGISTRATION FORM

Please complete one registration form for each child.

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| --- | --- | --- | --- |
| Child’s Name: |  | Male | Female |
| Date of Birth: |  | Age: |  |
| Street Address: |  | | |
| Mailing Address: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Mother’s Name: |  | Mobile Phone: |  |
| Email: |  | Work Phone: |  |
| Father’s Name: |  | Mobile Phone: |  |
| Email: |  | Work Phone: |  |

The following special health problems should be noted and adequate precautions taken.

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| --- | --- | --- |
| Health Problem | Reaction | Medical response required |
|  |  |  |
|  |  |  |

The following medications/ prescriptions are required:

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| --- | --- | --- | --- |
| Medication / prescription | Dosage | Time | Specific instructions |
|  |  |  |  |
|  |  |  |  |

The following dietary requirements are needed for: religious  or medical reasons

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |

Drop off / collection from TDCC will be:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Mobile Phone: |  |
| Relationship: |  | | |

Emergency Contact:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Mobile Phone: |  |
| Relationship: |  | | |

|  |  |
| --- | --- |
| Language(s) Spoken at Home: |  |
| Primary Language: |  |

|  |  |
| --- | --- |
| Is your child dry during the day? | Yes / No |
| Can your child feed him / herself? | Yes / No |

|  |  |
| --- | --- |
| Does your child attend nursery or school? | Yes / No |
| If yes, name of nursery or school? |  |
| Grade? |  |
| Type of Program: | Mainstream Education  Special Education |
| Services Received at School (if any): | Resource Room  Therapy  1:1 Learning Support / Shadow  Other: |
| Does your child see any health professionals? | Yes / No |
| If yes, type of health professional |  |

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| --- |
| How is your child’s behavior at: |
| a) nursery / school |
| b) home |
| How do you manage the behavior/s at home? |

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| --- |
| What area would you like us to focus on during the camp? |
|  |

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| --- |
| List preferred activities? |
| List activities / food avoided? Eg messy play, water play, bubbles |

|  |  |
| --- | --- |
| Does your child talk? (verbal) | Yes / No |
| If no, how does your child communicate:  Gesture / sign  pulling  pointing  pictures | |

Please check your registration option:

|  |  |  |  |
| --- | --- | --- | --- |
| Weeks | Dates | 3 – 5 year olds | 5 – 8 year olds |
| Week 1 | 1 – 5 July |  |  |
| Week 2 | 8 – 12 July |  |  |
| Week 3 | 15 – 19 July |  |  |
| Week 4 | 22 – 26 July |  |  |
| Week 5 | 29 July – 2 August |  |  |
| Week 6 | 5 – 9 August |  |  |
| Week 7 | 12 – 16 August |  |  |
| Week 8 | EID BREAK | EID BREAK | EID BREAK |
| Week 9 | 26 – 30 August |  |  |

Weekly rate: 1500AED per child

Terms and Conditions: Fees are due at time of registration and cover my child’s enrollment for the requested period. This fee is not refundable**.**

** **



Please return to: education@tdcc.ae