



# DISCOVERY INTERNATIONAL SCHOOL

## HOLIDAY CAMP REGISTRATION

Holiday Enrichment activities / Des vacances riches

Tick/mark your option using X or V

DATES & ACTIVITY		DETAILS	
<b>OPTION 1</b>	<b><u>SOCCER / DANCE / KARATE ONLY</u></b> <b>Dates:</b> June 25 <sup>th</sup> – July 6, 2018 Age: 3-8 years	<ul style="list-style-type: none"> <li>Soccer / Dance / Karate</li> <li>Kinyarwanda &amp; contemporary dance</li> <li><i>(Bilingual - French / English environment)</i></li> <li>2 week Soccer / Dance focus</li> </ul>	
<b>OPTION 2</b>	<b><u>AUTOUR DU MONDE</u></b> (Les continents) <b><u>AROUND THE WORLD</u></b> (Continent exploration) <b>Dates:</b> July 9 <sup>th</sup> – August 10, 2018 Age: 3 – 7 years	<ul style="list-style-type: none"> <li>Exploring the 7 continents through Art, Science, Games, Cooking, Music, Dance, Costumes, Stories, Crafts</li> <li>Les arts, les expériences en science, le karaté, la danse, les jeux de lecture et le sport.</li> <li><b>Additions:</b> Karate, Chess, Kinyarwanda Dance, Sports, Games, Water play</li> <li>Parents choose desired number of weeks ( 2 +)</li> <li><i>(Bilingual - French / English environment)</i></li> </ul>	
<b>OPTION 3</b>	<b><u>2 YEAR OLDS SUMMER CLUB</u></b> <b>Dates:</b> June 25th to August 10th 2018	<ul style="list-style-type: none"> <li><i>For summer fun activities and child care is available for Half days and full days.</i></li> <li>Les arts, les expériences en science, la danse, les jeux de lecture et le sport</li> <li>Excellent social preparation for nursery/maternelle</li> </ul>	
<b>OPTION 4</b>	<b><u>HOLIDAY ACADEMIC ACCELERATOR</u></b> <b>Dates:</b> July 9 <sup>th</sup> – August 10 ( 4-5 weeks minimum) (4-6 year olds) Extra support to accelerate math, reading, writing and language.	<b>Select group</b>	
		French group	
		English group	
<b><u>PRICING FOR OPTIONS 1 TO 4 ABOVE</u></b>		Select total number of weeks selected (2,3,4,5,6,7) <b>Two weeks minimum</b>	
Half day for 2 weeks	Rwf 75,000	___	Weeks
Full day for 2 weeks - Lunch included 8-3:30pm	Rwf 150,000	___	Weeks
Full day for 2 weeks - Lunch included 8-5:30pm	Rwf 170,000	___	Weeks
<b>OPTION 5</b>	<b><u>FRENCH OR ENGLISH CLASSES</u></b> ( as a second language): Dedicated language immersion  Dates: July 9 <sup>th</sup> – August 10 ( 4-5 weeks fixed)	Half day RWF 185,000 for 5 weeks (8 am-12pm)	French group
			English group
		Full day RWF 350,000 for 5 weeks (8-3:30pm) Lunch included	French group
			English group
<b>OPTIONS SELECTED:</b>			

\* Siblings receive a 10% discount for each additional child 2<sup>nd</sup>, 3<sup>rd</sup> etc

\*Kindly note that 2-year-old children should join the camp for a minimum of 4 weeks to allow time for their emotional transitions into a new environment

\*Register for the summer camp by the 5<sup>th</sup> of June 2018 – Kindly register by submitting this signed and completed form and making the full payment to our bank account.

Child's Full Names \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current age: \_\_\_\_\_

Child's Full Names \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current age: \_\_\_\_\_

Child's language at school \_\_\_\_\_ Child's language at home \_\_\_\_\_

Planned start date: \_\_\_\_\_ Planned end date: \_\_\_\_\_

Number of weeks selected in total \_\_\_\_\_

Any specific concerns or points to note about your child(ren) include social and behavioural comments as well as any allergies and health concerns that may come into play during the holiday activities.

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**PEOPLE AUTHORISED TO PICK UP THE CHILD**

Authorized people must be above 16 years of age. **Kindly attach relevant ID copies.** Any person unfamiliar to the school will be required to show proof of identification.

Discovery International School has the right to deny access to a child if the person picking up is not authorized and there is no written permission from the parent allowing them to pick up the child.

NAMES: \_\_\_\_\_ ID NO. \_\_\_\_\_ TEL : \_\_\_\_\_

NAMES: \_\_\_\_\_ ID NO. \_\_\_\_\_ TEL : \_\_\_\_\_

OTHER LEGAL GUARDIAN'S NAMES: \_\_\_\_\_ TEL : \_\_\_\_\_

**Medical Release Information**

Insurance Information

Policy Number \_\_\_\_\_ Name of Health Insurance Provider \_\_\_\_\_

Primary Doctor \_\_\_\_\_

Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials \_\_\_\_\_

I understand that Discovery International School (DISCAL) will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials \_\_\_\_\_

PARENTS' NAMES: \_\_\_\_\_ TEL : \_\_\_\_\_

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PARENTS' SIGNATURES: \_\_\_\_\_ TEL \_\_\_\_\_