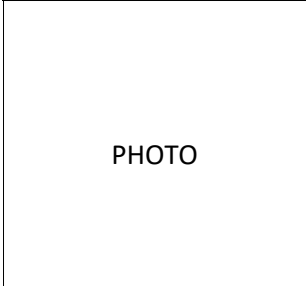




LE JARDIN ENCHANTE  
SUMMER CAMP  
REGISTRATION FORM



Child's Full Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Please choose:

Option 1: from 8:30 am till 1:00 pm

Monthly

Weekly

Daily

Option 2: from 8:30 am till 2:00 pm

Monthly

Weekly

Daily

Option 3: from 8:30am till 4:00pm

Monthly

Weekly

Daily