



1 CHILD'S DETAILS

First Name

Last Name

Date of Birth (DD/MM/YYYY)

Age

Gender

Male

Female

Grade/Class

Nationality *(as indicated in the passport)*

2 PARENTS DETAILS

First Name

Last Name

Occupation

Nationality *(as indicated in the passport)*

Telephone

Mobile

Email

3 LIST OF ACTIVITIES *(Please tick your choice)*

WEEKDAY CLASSES** FOR CHILDREN AGED 5-11 YEARS AND UP

ACTIVITY	DAY	TIME	DURATION	FEES [AED]*
<input type="checkbox"/> Nutty Science	Sunday	4:15pm - 5:15pm	6 weeks	662/-
<input type="checkbox"/> Ballet	Monday	4:15pm - 5:15pm	6 weeks	500/-
<input type="checkbox"/> Football	Monday	4:15pm - 5:15pm	6 weeks	840/-
<input type="checkbox"/> Basketball	Tuesday	4:15pm - 5:15pm	6 weeks	500/-
<input type="checkbox"/> Gymnastics	Tuesday	4:15pm - 5:15pm	6 weeks	540/-
<input type="checkbox"/> Swimming***	Tuesday	Starts from 4:00 pm	Contact Hamilton directly	
<input type="checkbox"/> Drama Theatre	Wednesday	4:15pm - 5:15pm	6 weeks	500/-
<input type="checkbox"/> Swimming	Wednesday	Starts from 4:00 pm	Contact Hamilton directly	



Nurture
Lifelong
Learning

After Hours Activities Registration Form

WEEKEND CLASSES** FOR CHILDREN

ACTIVITY	DAY	TIME	DURATION	FEES [AED]*
<input type="checkbox"/> Football (5-6 Years)	Saturday	9:30am - 10:30am	10 Weeks	1,050/-
<input type="checkbox"/> Basketball	Saturday	10:30am - 11:30am	10 Weeks	735/-
<input type="checkbox"/> Football	Saturday	2:00pm - 3:00pm	4 Weeks (During Ramadan only)	315/-

* All prices are inclusive of VAT.

** NO After School Activities during ramadan except WEEKEND activities.

*** For those who would like to register for swimming, please book an assessment at www.hamiltonaquatics.ae/hamiltonbay/bookings

For further assistance, please call 044508832

Bookings will be confirmed only upon receiving payment and the registration fee is NON-REFUNDABLE.

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MEDICAL CONSIDERATIONS

Does your child have or have had:

- | | | | |
|-----------------------------------|---|---|--|
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Palpitation/Chest Pain | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing Condition | <input type="checkbox"/> Dizziness/Fainting | <input type="checkbox"/> Stomach Ulcer |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Muscular Pain/Cramps | <input type="checkbox"/> Liver/Kidney Condition | <input type="checkbox"/> Allergies |

If yes, please state all known allergies:

Other:

Please specify if your child has undergone any major operation:

If you have ticked any of the above medical considerations or stated any health issues, you need a signed medical clearance from your doctor before your child can participate in the after school activities listed in this registration form.

Doctor's Clearance: Date:

- OR -

I warrant that my child is physically and mentally well enough to proceed with participating in the after school activities.

Parent's Consent: Date:

Method of Payment

- Cash Cheque Credit Card

Cheque payable to 'The Arcadia Preparatory School (Branch of Arcadia Eduplan DMCC)'

I recognise that the instructor/coach/trainer is not able to provide our child with medical advice with regards to his/her participation in the after school activity, and that the information provided in this registration form is used as a guideline to the limitations of my child's ability to perform in the activity. I have answered the questions to the best of my ability and understand the advice above.

Signed by Parent Date: