



בית-ספר טביתה
רח' יפית 21, ת.ד. 8170
יפו - 61081

TABEETHA SCHOOL IN JAFFA

Amata number 580500601

21 Yefet St., P.O.B. 8170
Jaffa 61081 Israel



משרד מסיבת
شارع يفت ٢١، ص.ب. ٨١٧٠
يافا ٦١٠٨١

SUMMER CAMP REGISTRATION FORM

DATE OF APPLICATION:

MY CHILD WILL ATTEND CAMP DURING

1st week

2nd week

3rd week

4th week

THE WHOLE MONTH

FAMILY NAME:

FIRST NAME

DATE OF BIRTH: DAY

MONTH

YEAR

MALE/FEMALE:

ALUMNI YES / NO

GRADE

NATIONALITY

COUNTRY OF BIRTH

ISRAELI IDENTITY CARD NUMBER (if Israeli citizen):

Please supply copy of the main page of your child's identity card

PASSPORT NUMBER (if not Israeli citizen):

Please supply copy of main page of your child's passport.

ADDRESS: CITY

NAME OF STREET

HOUSE NO.

APARTMENT NO.

AREA CODE

TELEPHONE NUMBER(S):

Home:

Work:

MOBILE NUMBER(S):

EMERGENCY NUMBER

E-mail:

FATHER'S / GUARDIAN'S NAME

OCCUPATION

FATHER'S / GUARDIAN'S ID / PASSPORT NUMBER

MOTHER'S / GUARDIAN'S NAME

OCCUPATION

MOTHER'S / GUARDIAN'S ID / PASSPORT NUMBER

CHILD'S MEDICAL CONDITIONS &/or SPECIAL LEARNING NEEDS(attach sheet if more space is needed)	
CHILD'S ALLERGIES (attach sheet if more space is needed)	
DOES YOUR CHILD KNOW HOW TO SWIM? YES / NO	
Name of person, other than parent/guardian who can pick up the child from camp	Telephone number
2.	
3.	
4.	

DETAILS FOR SIGNING

1. I will ensure that my child behaves appropriately.
2. I undertake to accept and abide by school rules and policies, acknowledging that there are consequences for non-compliance.
3. I undertake to arrange for my child to get to the school camp on time.
4. I undertake to ensure that the payment of fees is up to date.
5. **I have notified the school of the medical details my child has.**

SIGNATURE: DATE:

<u>For Office Use Only</u>		
REGISTRATION FEE: NIS		
		GRADE
SIGNATURE:	DATE OF REGISTRATION	DATE OF ADMISSION
DATE OF LEAVING	REASON	