Dubai Educational Boarding Scholae™ and Camps
Winter School Holidays 2026-2027

Reg. No.

Registration Form

A. Student Information

First Name: _____ Gender: ☐ Male ☐ Female

Middle Name: _____ Nationality: _____

Surname: _____ Country of Residence: _____

Date of Birth: _____/_____/_____ Visa Status: _____

Native Language: _____ 2nd Language: _____

Mailing Address: _____

B. Parents/Guardians Information

Name: _____ Occupation: _____

Telephone (Res.): _____ Telephone (Work): _____

Fax Number: _____ Mobile Phone: _____

Nationality: _____ Email Address: _____

Mailing Address: _____

C. Additional Contact Information

In case we are unable to reach the parents/guardians above who should we contact?

Name: _____ Telephone: _____

Name: _____ Telephone: _____

D. Disclosure of Important Medical Information

Please add below any additional information you may think is necessary as regards to your child's **education, health, and well-being**. Please include information about **any medical condition** that the student may be suffering from or has suffered from in the past. This must include **all allergies** and **all medication prescribed**. Please also include all vaccinations taken in the past. This information will remain confidential, and will be disclosed only in cases of medical or dental emergency:

_____

_____

_____

_____

_____

_____

_____

E. Parental Authorization for Emergency Medical/Dental Treatment

We will make every effort to maintain a secure and healthy environment for the students in its care. Students will be supervised and monitored around the clock, and a nurse will be present on the premises until 06.00pm on weekdays, with a doctor on call 24 hours/day throughout the duration of the boarding programs.
All possible preventative measures will be taken, but in the case of accidents, parents will be notified immediately; priority will be to provide students with necessary emergency medical/dental treatment. This requires parental authorization. Please complete and sign the form below:

Authorization for Emergency Medical and/or Dental Treatment:

I _____ parent/guardian of _____ give full and unrestricted authorization to **Regime Nutrition and Fitness Advisors and CPi Educational Systems & School Management Services**, and any and all their authorized representatives to approve any and all **emergency** medical and/or dental treatment to my child named above in urgent cases of accident as above.

Signature of Parent/Guardian: _____ Dated: ___/___/___

F. Academic History

Please indicate the name of the school currently attended by applicant and at which level:

School: _____

Current Class (Academic Year 2026/2027): _____

G. Winter Scholae™ Courses

- All students will be required to attend morning classes/workshops covering no more than **TWO SUBJECTS**.
- Morning classes will be held on weekdays (**Monday to Friday**). Two lessons/workshops (45 minutes each) per subject will be scheduled bringing total teaching time to four lessons per day. These are separated by a 30-minute snack break. **Classes begin at 09.00am and end at 01.00pm.**
- On offer is several subjects taught at various levels to suit all standards of academic attainment. **Students will be tested** to evaluate their achievement level to date and will be placed in classes accordingly.

Subjects Offered:						
English	**Math**	**Spanish**	**Leadership**	**Art**	**Music**	**Fitness**

Please indicate your choice of subjects below:	
1st Subject	
2nd Subject	

Note: Books for selected subjects will be provided by us and are included in the camp fees.

H. Additional Activities

Additional lessons are available at an extra fee as listed below. These are given by contracted independent instructors, take place both off and on-site, and are available at beginner, intermediate, and advanced levels as required. Please note:

- Horseback riding is available for ages 11-17 years only. Lessons in horseback riding are ½ hour only and all other lessons are 40 minutes and open to students of all ages.

Class	Taster Program: 1 lesson/week		Intensive Program: 2 lessons/week		Level required
	Cost for 1 week (AED)	Please check as required	Cost for 1 week (AED)	Please check as required	
Horseback riding	450		800		
Tennis (individual lessons)	450		800		
Golf (group lessons)	600		1,100		
Piano/Keyboard	450		800		
Violin/Qanun	450		800		
Guitar/Oud	450		800		
Flute/Nai	950		1,800		
Saxophone/Trumpet	950		1,800		

I. Pocket Money Deposit:

Although boarding is all-inclusive in terms of meals, board and other related expenses, students will require pocket money for snacks, shopping trips, personal needs and so forth. This is of course at the parents' discretion, but we set and collect an average of AED50 per day as a Pocket Money Deposit for each student. This is dispensed to students every day at their request, and parents are requested to set the maximum weekly dispensable amount below:

Maximum amount dispensable per week (AED): _____

J. Enrollment Period:

Our Camp in Dubai will run for the duration of the winter school holidays. Parents may select **any number** of the following sessions to enroll their boys or girls in. Please check required sessions below:

- □ **Term A: Duration of 1 week - From October 12, 2026 (arrival) to October 18, 2026 (departure).**
- □ **Term B: Duration of 1 week - From October 19, 2026 (arrival) to October 25, 2026 (departure).**
- □ **Term C: Duration of 1 week- From October 26, 2026 (arrival) to November 1, 2026 (departure).**
- □ **Term D: Duration of 1 week- From November 2, 2026 (arrival) to November 8, 2026 (departure).**
- □ **Term E: Duration of 1 week- From November 9, 2026 (arrival) to November 15, 2026 (departure).**
- □ **Term F: Duration of 1 week- From November 16, 2026 (arrival) to November 22, 2026 (departure).**
- □ **Term G: Duration of 1 week- From November 23, 2026 (arrival) to November 29, 2026 (departure).**
- □ **Term H: Duration of 1 week- From November 30, 2026 (arrival) to December 6, 2026 (departure).**
- □ **Term I: Duration of 1 week - From December 7, 2026 (arrival) to December 13, 2026 (departure).**
- □ **Term J: Duration of 1 week - From December 14, 2026 (arrival) to December 20, 2026 (departure).**
- □ **Term K: Duration of 1 week - From December 21, 2026 (arrival) to December 27, 2026 (departure).**
- □ **Term L: Duration of 1 week - From December 28, 2026 (arrival) to January 3, 2027 (departure).**
- □ **Term M: Duration of 1 week - From January 4, 2027 (arrival) to January 10, 2027 (departure).**
- □ **Term N: Duration of 1 week - From January 11, 2027 (arrival) to January 17, 2027 (departure).**

a) Full fees for the Winter Scholae™ & Camp are payable to our exclusive UAE agent, namely **Regime Nutrition & Fitness Advisors** at the time of registration. These include:
   i. Fees amounting to **AED5,950/- per term (1 week)**
   ii. Pocket Money Deposit as decided by the parents as per **Section I** of this application form.
   iii. Additional charges for selections made by the parents/guardians as outlined in **Section H** of this form are payable at the time of registration.

b) All fees should be paid by telex transfer to our account **ONLY** after the completion of the application process. You will be issued with an enrollment letter with details of our bank account.

c) The option to pay on arrival (at check-in) is available, however there will be an additional surcharge of AED700 plus VAT to avail our Late Payment service.

d) Fees once paid are non-refundable. No discounts will be applicable for early withdrawal.

I _____ parent/guardian of _____ hereby declare that I have read, understood, and accepted the terms and conditions of enrollment of my child as outlined in **all sections of this application form (4 pages),** and guarantee that the information submitted in my application is valid and true to date.

Signature of Parent/Guardian _____ Dated: ___/___/___

Parental Authorization

I _____ parent/guardian of _____ give full and unrestricted authorization to **Regime Nutrition and Fitness Advisors**, and any and all their authorized staff, volunteers, representatives and executives to:

A-Sign all check-in, stay and check-out official documentation and declarations required by government authorities in Dubai, Abu Dhabi, Ras Al Khaimah, Sharjah, and the United Arab Emirates to facilitate for my child mentioned above to stay at any student residence, hostel, hotel or resort during the checked periods indicated above.

B-Stay with, care for, and supervise my above-mentioned child at any hotel or resort with my permission for the duration of their kids and teens summer camp tour indicated above. I fully understand that while all possible preventative measures are taken by Regime Nutrition and Fitness Advisors, and by the management and staff of the hotel or resort to limit physical accidents, bodily harm, bacterial or viral infections and any other sicknesses, accidents can still happen. I therefore agree to indemnify and hold harmless Regime Nutrition and Fitness Advisors, and the hotel or resort and defend their staff, officers, agents, volunteers, and employees from injuries, damages, and loss sustained by me or my child and arising out of, connected with, or in any way associated with my child's stay at the student residence, hostel, hotel or resort or their participation in the kids and teens camp tour.

C-In cases of emergency provide my above-mentioned child with immediate medical attention and to seek emergency medical/dental treatment as may be needed. I understand that in such unforeseen events, I will be contacted immediately and will be informed and kept up to date with developments.

Signature of Parent/Guardian _____ Dated: ___/___/___