

C-Pi® Summer Boarding Scholae™ & Camp 2025

London, United Kingdom

Reg. No.

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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 our care. Students will be supervised and monitored around the clock with a doctor on call 24 hours/day throughout the duration of the camp. 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: _____

Grade completed during Academic Year 2024/2025: _____

G. Summer School Courses

- ❖ All students will be required to attend morning classes covering no more than **TWO SUBJECTS**.
- ❖ Morning sessions will be held on weekdays (**Monday to Friday**). Two lessons (40 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. **Sessions 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.
- ❖ Parents/students may indicate their **first, second, and third preferences** of subject. Classes will be allocated according to availability and need.

Subject	Foundation/Booster English	World Languages	Music	Art	Leadership & Life Skills
1 st Choice					
2 nd Choice					
3 rd Choice					

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

H. 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 AED100 per day as a Pocket Money Deposit for each student. This is dispensed once a week, and parents are requested to set the maximum weekly dispensable amount below:

Maximum amount dispensable per week (AED): _____

I. Dates and Enrollment Period:

The Camp will run for two weeks as follows:

- **Term I: Duration of 2 weeks - From August 9th, 2025 (arrival) to August 20th, 2025 (departure).**
 - a) The full fees for the camp are payable at the time of registration. These include:
 - i. Fees amounting to **AED22,950/- per term (2 weeks) plus VAT**
 - ii. Pocket Money Deposit as decided by the parents as per **Section H** of this application form.
 - b) All fees should be paid by telex transfer to our account **ONLY** after the completion of the application process.
 - c) 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 the United Kingdom 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 happening I will be contacted immediately and will be informed and kept up to date with developments.

Signature of Parent/Guardian _____

Dated: ___/___/___