



"Building The Masters Kingdom...One Child At A Time"

YE DID IT UNTO ME FOUNDATION

#14 Monte Pele Road, Weymouth Hills, St. Maarten, N.A.

Tel: 524-6521 or E-mail: academy@trulycaribbean.net

Crib #: 435.128.930; SZV # 4 250510; COCI #19867

**SUMMER CAMP 2015 APPLICATION
JULY 6-31; \$200.00 PER CAMPER**

Application Date: _____

STUDENT INFORMATION

Full Name: _____

Address: _____

City: _____ Country: _____

Age: _____ Sex: _____ Birth Date: _____ Birthplace: _____

School Last Attended: _____

Last Grade Completed: _____

FAMILY INFORMATION

Father's Name: _____

Address: _____

Employment: _____

Position: _____ Email: _____

Business Phone: _____ Cellular: _____

Mother's Name: _____

Address: _____

Employment: _____

Position: _____ Email: _____

Business Phone: _____ Cellular: _____

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MEDICAL INFORMATION

Family Physician: _____

Phone: _____

Does the student have any physical impairments or allergies?

Have they been tested for Dyslexia and/or ADHD? _____

What were the results? _____

Is the student's immunization record up to date? _____

In case of an emergency please contact: (Name & Telephone) _____

Payment Enclosed: _____ (cash/check)

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