



St. Joseph's School

Naini, Prayagraj

531/1 Sadwa Kalan, Post- TSL, Naini, Prayagraj-211010
Ph. No.: 7388853222, E-mail: sisnaini@gmail.com

Passport Size
Photograph

SUMMER CAMP

APPLICATION FOR REGISTRATION 2024-25

Registration Fee: Rs. 500 only

PERSONAL DATA (To be filled by the applicant in capital letters)

NAME (In Capitals) : _____

FATHER'S NAME : _____

DATE OF BIRTH : _____

AGE : _____

RESIDENTIAL ADD: _____

CONTACT NO. : _____

E-MAIL ID : _____

DURATION : **21/05/2024 to 08/06/2024 (Sunday Off)**

TIMINGS : **Monday to Saturday – 6:00 am to 8:00 am.**

(Choose any one from the table below)

Activity	Tick to Choose
CRICKET (Classes 1 to 10)	
VOLLEYBALL (Classes 5 to 10)	
TAEKWANDO (Classes 1 to 8)	
BADMINTON (Classes 5 to 8)	
DANCE (Western) (Classes 1 to 10)	
DANCE (Classical) (Classes 1 to 10)	
MUSIC (Guitar / Keyboard) (Classes 1 to 10)	
SINGING (Classical) (Classes 1 to 10)	
ATHELETICS (Classes 6 to 10)	

Note:- Due to General Election there will be holiday on 25.05.2024.

PARENT'S CONSENT

I _____ guardian of _____ studying in class _____ is willing to register my ward for the summer camp of SJS Naini, for the year 2024-25. As per my knowledge my ward is fit to participate for the same and I have no objection there on.

Date: _____

Parent's Signature: _____