



# COMPUTER CAMP

## Registration Form

2nd Floor, La Pique Plaza, Library Corner,  
High Street, San Fernando  
653-HOME \ 221-HOME \ 733-HOME (4663)  
[info@browwwsers.com](mailto:info@browwwsers.com)

### STUDENT INFORMATION

FULL NAME    
First Name Surname

AGE

GENDER  Male  Female

ADDRESS

EMERGENCY CONTACT INFORMATION 1    
CONTACT 1 NAME

RELATIONSHIP

EMERGENCY CONTACT INFORMATION 2    
CONTACT 2 NAME

RELATIONSHIP

BLOOD TYPE

ALLERGIES/  
MEDICAL CONDITIONS  Yes  No

If yes, please state

### PARENTAL/ GUARDIAN INFORMATION

FULL NAME    
First Name Surname

ADDRESS

CONTACT    
Home Mobile

EMAIL

OCCUPATION

State any additional  
essential information

#### \*DISCLAIMER

A Non Refundable Registration Fee of \$250.00 are to be paid before program starts to ensure seats are booked. If for any unfortunate reason, participant cannot complete the program, no partial refunds will be issued, however, parents/guardians are welcomed to transfer the remaining portion of program to another participant at no extra cost.

\_\_\_\_\_  
Parent/Gardian Signature

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
DATE