



Stadi Za Maisha Educational Trust

HOLIDAY ENRICHMENT CAMP

Registration Form

Name of Child: _____ Age: _____ Class: _____

Name of School: _____

Name of Parent/Guardian: _____ Tel. No.: _____

Email address _____

Town/City: _____ Residence: _____

Street/Road: _____

Conditional Details

Does your child have any medical condition? (YES/NO) _____

If yes, specify; _____

What precautions would you advice us to take? _____

Parent's Mandatory Engagement

Children should be dropped in their preferred Talent Centres by 7:30 am and should be picked at 4:00 pm.

Only the parent, guardian or the supervised person is allowed to pick the children. Any changes in the above arrangement should be communicated appropriately to SZMET staff in time for security reasons.

Parent's/ Guardian's Name _____

Sign: _____ Date: _____

Tel. No.: _____ E-mail: _____

The **Camp** will be run at a mentorship fee of **Kshs. 250 per learner per day for eight day**.The Talent Centres will host the camps in various Districts within Nairobi County.These are Visa Oshwal ,Baraka ,Busara ,St.Annes Girls ,Karen C ,Kinyanjui ,Thika road,Our Lady of Mercy Girls,Westlands,City,Olympic and Salama Primary Schools.Dully filled forms should be submitted to the above Centres or via online registration.

Payment Mode: Cash _____ Cheque (Stadi za Maisha) _____ Mpesa _____

“Registration is in progress on first come basis. Vacancies are limited “