



REGISTRATION FORM FOR SUMMER CAMP FOR AGE 4-12 years

Hashoo Foundation, Human Development Resource Centre - Rawalpindi

Reg. #: _____

Please Select Your Venue of Summer Camp

Islamabad Rawalpindi

Please paste two photos (1x1 size)

Child's First Name(s): _____

Child's Last Name(s): _____

Child's date of birth: (Day / Month / Year) ____/____/____

Postal address: _____

With whom does the child live? _____ Mother language: _____

Position among siblings: Eldest Youngest Other

Father's / Guardian's Name: _____

Home Tel #: _____

Cell #: _____

E-mail ID: _____

Occupation: _____

Address: _____

Mother's Name: _____ Cell #: _____

E-mail ID: _____ Occupation: _____

Address: _____

Any special requests or information you want to share with us about the child: _____

Hobbies of your child: 1) _____ 2) _____

How did you reach to us? Newspaper Flyer Banner SMS Friend Other _____

Signature of Parents /Guardian

Date: ____/____/____

Note: Please attach the copy of Parents/Guardian' NIC OR COPY OF B-FORM and 2 photographs (1x1 size)

For Official Use Only

Attached documents are checked and his/her application is accepted/ rejected. He/she will pay the total camp fee Rs. _____. Any other comments _____

Camp Start Date: _____ Camp End Date: _____

Deposited sum of Rs. _____ (words) _____

Dated _____

Finance Department: Fee receiving verified by _____

MIS Section: Allocated registration number and punched data into MIS on _____