



# Cyber Tech Training Centre

## Application For Admission

### Explorers Summer Camp



No. 85 Collins Avenue - P.O.Box N-9170 - Nassau, Bahamas - PH: 322-4223  
 E-mail: info@cttcbahamas.com - Web Site: www.cttcbahamas.com

#### STUDENT'S PERSONAL INFORMATION

<input type="checkbox"/> BOY      LASTNAME: _____		FIRSTNAME: _____		Middle Initial: _____
<input type="checkbox"/> GIRL				
STREET ADDRESS: _____			P.O.BOX: _____	
STUDENT'S E MAIL ADDRESS _____				
PLACE OF BIRTH: _____	DATE OF BIRTH: _____	AGE: _____	NATIONALITY: _____	

#### PARENTS/GUARDIAN INFORMATION

MOTHER'S NAME: _____		PLACE OF EMPLOYMENT: _____	HOME PHONE: _____	WORK PHONE: _____
STREET ADDRESS: _____			CELL PHONE: _____	
FATHER'S NAME: _____		PLACE OF EMPLOYMENT: _____	HOME PHONE: _____	WORK PHONE: _____
STREET ADDRESS: _____			CELL PHONE: _____	
IN CASE OF EMERGENCY WHO SHOULD WE CONTACT: _____	RELATIONSHIP: _____	TELEPHONE: _____		

#### STUDENT'S EDUCATIONAL INFORMATION

SCHOOL CHILD CURRENTLY ATTENDS: _____	CURRENT GRADE: _____	CURRENT GPA: _____
---------------------------------------	----------------------	--------------------

PLEASE TICK SUBJECTS AREAS YOU WOULD LIKE OUR INSTRUCTORS TO FOCUS ON WITH THIS STUDENT:

- Mathematics       English       Grammar       Spelling       Reading  
 Phonics       Science       Computers       Other \_\_\_\_\_

**Insurance Disclaimer:** In consideration of my child's participation at The Explorers Summer Camp, I the undersigned parent/guardian agree and acknowledged that all accidental liability claims against Cyber Tech Training Centre, The Explorers Summer Camp, its owner, management and staff will be limited to the coverage provided by the Insurer (British American Financial )as outlined on "The School Accident Plan".

I also agree and acknowledged that by not accepting the insurance coverage, I release Cyber Tech Training Centre, its owner and agents from all liability for any injuries and illnesses incurred during The Explorers Summer Camp.

I also give permission for the above named student's photograph to be used in the routine promotion of the classes. By completing this application you agree to these terms.

I wish for the above named student to be enrolled in The School Accident Plan

I do not wish for the above named student to be enrolled in The School Accident Plan and releases Cyber Tech Training Centre, its owner and agents from any and all liability claim

How Did You Hear About Cyber Tech Training Centre?

- NEWSPAPER AD     FRIEND     RADIO AD     ROAD SIDE SIGN     SCHOOL     RECEIVED FLYER     CTTC SALES REP.

Parents/Guardian's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ CTTC WEB SITE