

# KULACHI HANSRAJ MODEL SCHOOL

Ashok Vihar, Delhi-110052. Ph : 27110012, 27143364  
Website : [www.khms.ac.in](http://www.khms.ac.in), Email : [khmsav3@gmail.com](mailto:khmsav3@gmail.com)

KHMS/QM/10/SP-18/18

Date: 5 May ,2018

(Classes II-VI)

Dear Parent

The school shall remain closed from 21<sup>st</sup> May 2018 to 30<sup>th</sup> June 2018. Summer Vacations can be a great time for trying out new things and taking up hobby classes. These enrichment opportunities make the summer break fun and full of excitement.

The School is organizing a Summer Camp for students for 6 days followed by valedictory function on 27<sup>th</sup> May 2018. Details of the Camp are as follows:

Dates :	21 May 2018 - 26 May 2018	Valedictory Function: 27 May 2018
Time :	8:00 a.m. - 4:30 p.m.	Venue : Senior Wing ( Ph-III)
Meals :	Breakfast, Lunch & Evening Snacks	Camp fee : Rs. 3500/-
Drop at:	8:00 a.m.	Pick Up: 4:30 p.m.

Activities

Sports	Indoor Games
Creative Work	Puppet Making, Paper Folding, Clay Moulding, Non-Fire Cooking, Best out of Waste, Photo Frame Making
Every Day Science	Physics, Chemistry, Maths
Theatre	2 Hours daily
Outdoor Activities	Visit to a factory
Personality development	Holistic development and grooming
Performing Skills	Dance

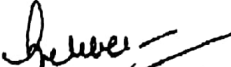
**Registrations Open** : First Come First Serve Basis ( Limited Seats)

An early bird discount is available for the first 10 entries in each category:

**Primary ( II-VI) & Senior ( VII – IX)**

Please register from 8<sup>th</sup> May at the School Reception ( Primary Wing for classes II-VI)

Regards

  
(Ms. Sneh Verma)

Principal

Camp Coordinators:

Primary Wing

:

Ms. Beenu Sawhney

Ms. Srishti Khurana

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## Summer Camp 2018

21 May 2018- 26 May 2018

Last Name : \_\_\_\_\_ First Name : \_\_\_\_\_ Class & Sec: \_\_\_\_\_

Gender : Female  Male  Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Mobile no . : \_\_\_\_\_

Parent's email Id : \_\_\_\_\_

Mother's Name : \_\_\_\_\_ Father's Name : \_\_\_\_\_

Mother's Phone No. : \_\_\_\_\_ Father's Phone No. : \_\_\_\_\_

Person Authorized to pick up ward : \_\_\_\_\_  
(Please provide a copy of his/her ID)

Emergency Contact Person: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

If your child has any Health Problem, Please Specify : \_\_\_\_\_

Is your child under any medication No/Yes. If Yes please specify \_\_\_\_\_

Camp Fee may be paid by Cash  Cheque

Cheque in favour of : Kulachi Hansraj Model School, Ashok Vihar, Ph-III

(Early Bird Discount of Rs. 500 for first 10 Registrations.)

For Any Inquiry Please Contact:

Ms. Neeru Kapoor (9868111792)

Ms. Anita Chadha (9811381331)

Senior Wing

Ms. Binu Sawhney (9891600848)

Ms. Srishti Khurana (9899364882)

Primary Wing

# Declaration

In the event of an emergency or in case we are unavailable, you have our permission, to authorize any practitioner, physician, nurse or medical personnel to examine, test and if necessary, treat my child \_\_\_\_\_ as they may deem advisable.

I understand that in case of any accidental mishappening the school and its staff will not be held responsible.

Parent's/Legal guardian's name : \_\_\_\_\_ Date : \_\_\_\_\_

Insurance Policy Number (if any) : \_\_\_\_\_

I hereby give my consent to KULACHI HANSRAJ MODEL SCHOOL:

- To use photographs and videos recording of my ward for educational purposes.
- To send him/her home for inappropriate conduct.

I agree that the school will not be held responsible in the event that my ward engages in inappropriate conduct.

I further attest that the information contained in this application is correct to the best of my knowledge.

I agree to all the terms and conditions of the summer camp.

Parent's/ Guardian's Signature : \_\_\_\_\_ Date : \_\_\_\_\_