

**Registration Form**  
**2024 Summer Immersion Program (SIP)**

Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ Gender:  Male  Female  
(MM/DD/YYYY)

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

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

Place: \_\_\_\_\_

Green book No.: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Tel #: \_\_\_\_\_ E-mail address: \_\_\_\_\_



**Mailing Address:**

\_\_\_\_\_

\_\_\_\_\_

**Declaration:** I understand that the DRC will make my stay at CHTS, Sarah utmost educational and useful program. However, should any unforeseen tragedy strike, I will take full responsibility

\_\_\_\_\_  
Signature of the Participant

\_\_\_\_\_  
Signature of the Parent/Legal Guardian

Date \_\_\_\_\_

Date \_\_\_\_\_