



# THE MICO UNIVERSITY COLLEGE,

## SCHOOL OF CONTINUING STUDIES

### MUSIC, ART & ROBOTICS SUMMER CAMP

#### Registration Form

*(Please send the completed application form and proof of payment to [scs@themico.edu.jm](mailto:scs@themico.edu.jm) with the subject title: Summer Camp 2025)*

Gender:     Male (   )     Female (   )

_____	_____	_____
FIRST NAME	MIDDLE NAME	LAST NAME
_____		_____
DATE OF BIRTH (dd/mm/yyyy)		AGE

**Please state the name of your school:**

**Current Grade:** \_\_\_\_\_ **Future school plans:** \_\_\_\_\_

**Future Profession:** \_\_\_\_\_

**Hobbies/Interests:** \_\_\_\_\_

*Parent/Guardian Details:*

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Relationship: \_\_\_\_\_

*Emergency Contact:*

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Relationship: \_\_\_\_\_

PAYMENT BY CASH OR MANAGER'S CHEQUE SHOULD BE MADE PAYABLE TO:  
**MICO EVENING COLLEGE**  
**SAGICOR BANK ACCOUNT#:** 5500908035  
**BRANCH:** New Kingston.    **Swift Code:** SAJAJMKN  
**CURRENCY:** J\$    **Type:** Current/Chequing Account  
PAYMENT MAY ALSO BE MADE AT THE MICO FINANCE OFFICE BY DEBIT OR CREDIT CARDS