



43 Corner West Collet Canal and Raccoon Street  
Belize City  
Belize

Phone: (501) 227-0519

E-mail: [info@eglahstrainingcenter.edu.bz](mailto:info@eglahstrainingcenter.edu.bz)

Website: <https://www.eglahstrainingcenter.edu.bz>

## Summer Reading Program Registration Form July 1 to July 18, 2024.

### *Student Information:*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                                    day                                    month                                    year

Primary School Attending: \_\_\_\_\_ Class: \_\_\_\_\_

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

\_\_\_\_\_

### *Parent Information:*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Contact # home: \_\_\_\_\_ work: \_\_\_\_\_

E-mail address: \_\_\_\_\_

I \_\_\_\_\_ agree to pay the registration cost of five dollars (\$5.00) and twenty-five dollars (\$25.00) weekly fee for my child to participate in the Summer Reading Program, 2024.

Parent's Signature: \_\_\_\_\_

Date Registered: \_\_\_\_\_

Coordinator's Signature: \_\_\_\_\_