



SALWAN PUBLIC SCHOOL

Pt. Girdhari Lal Salwan Marg, Rajendra Nagar
New Delhi – 110060

CIRCULAR



Subject: Summer Camp
Class- KG -VIII

SPS/198 / 2026-27

11.5.2026

Dear Parent

We are delighted to announce a **Summer Camp** for the students of Classes **KG to VIII**. The camp is designed to provide children with an enriching and enjoyable learning experience through a variety of creative, skill-based, and recreational activities.

Camp Details:-

- **Date:** 18th May 2026 till 5th June 2026 (**Monday- Friday**)
- **Duration:** 15 Days
- **Timings:** 9:00 a.m. – 12:00 noon
- **Fee:** ₹4000/- per student . Given below is the Registration link for the same- <https://udaanarts.org/registration-form/>

Course Highlights:

• Yoga & Meditation	• Creativity Enhancement
• Rhythmic Movement & Melody	• Improvisation Activities
• Concentration Building Activities	• Confidence Building & Removal of Hesitation
• Art & Craft	• Overcoming Stage Fear
• Acting Skills	• Developing Quick Thinking Ability
• Brain Exercises	• Observation Skills

We encourage students to participate enthusiastically and make the most of this exciting opportunity to learn, explore, and enjoy during the summer break.

Kindly confirm your ward's participation by filling out the consent form and submitting it to the respective class teacher latest by **15th May 2026**.

Please Note:

No transport facility will be provided by the school. Parents are requested to make their own arrangements for the pick-up and drop-off of their ward. For any further clarification, kindly contact **Ms. Shobha Banerjee** at **9810537595**.

Regards,

Priyanka Barara
Principal

CONSENT FORM

I, _____, parent/guardian of _____ of Class/Section _____, hereby give my consent for my ward to participate in the Summer Camp commencing from **18th May 2026**.

I understand that the school authorities and teachers will take all necessary care and precautions to ensure the safety and well-being of my ward. However, in case of any unforeseen injury or mishap, I shall not hold the School Management, Principal, or teachers responsible.

Parent's Name: _____

Admission No.: _____

Contact Number: _____

Parent's Signature: _____