

Holiday Camp Registration

(External Children)

Name, Surname: _____

Address: _____

Date of birth: _____

Child's Language(s): _____

Parent's Information:

Mother: _____

Telephone: _____ E-Mail: _____

Father: _____

Telephone: _____ E-Mail: _____

Emergency contact: _____

Invoice Address: _____

Health Information:

Known allergies: _____

Medicaments: _____

Diet requests:

Vegetarian: _____ No pork meat: _____

Food allergies/intolerances: _____

Special needs/requirements: _____

Place, Date: _____ Signature(s) _____