



Enrolement form: SUMMER CAMP

Child's details:

Name: _____ Surname _____

Date of birth: _____ Nationality: _____ Permit: _____

Address _____ Residency: _____

Native language: _____ Email address: _____

Family Doctor: _____ Health insurance policy: _____

Siblings _____ Insurance: _____

A copy of the child's RC insurance must be attached to the enrolment form.

Place and date: _____ Signature _____





<u>Calendar</u>			
Week 1:	from 2nd to 6th July	Subscription A (until 4pm)	Subscription B (until 6pm)
Week 2:	from 9th to 13th July	Subscription A (until 4pm)	Subscription B (until 6pm)
Week 3:	from 16 th to 20 th July	Subscription A (until 4pm)	Subscription B (until 6pm)
Week 4:	from 23 ^d to 27 th July	Subscription A (until 4pm)	Subscription B (until 6pm)
Week 5:	from 20 th to 24 th August	Subscription A (until 4pm)	Subscription B (until 6pm)
Week 6:	from 27 th to 31 st August	Subscription A (until 4pm)	Subscription B (until 6pm)

Family details

Surname: _____ Name: _____

Address: _____ Residency: _____

Contact telephone numbers:

Mother: _____ Father: _____

Other contact numbers (specify) _____

Other useful information:

Persons authorised to collect my child: FILL IN THE DELEGATION FORM ATTACHED

Allergies to food/medication/insects: _____

Other _____

