

JFK SWISS OUTDOOR CAMP REGISTRATION FORM

Photo	

CHILD INFORMATION:

Name of Child				
	Family Name	G	iven Names	
Name Used:		_ Nationality:		
Date of Birth:	(Day / Month / Year)	_ Boy		Girl
First Languag	e:	_ Religion:		
Other Langua	ges:			
The applicant	would like to attend the camp as a	a: Boarder	Day Stu	udent
Desired period	d of the camp (please tick):			
		July 8 th – July 22 nd		July 29 th – August 12 th
Ju	ıly 15 th – July 29 th	July 22 nd – August 5 th		
3 weeks July	y 1 st – July 22 nd July 8 th – July	29 th July 15 th – <i>i</i>	August 5 th	July 22 th – August 12 th
Names and A	ges of Other Children in the Family	r:		
Special Health	h, Physical or Learning Concerns:			
Strengths and	d Interests: (e.g. sports, hobbies, s	subjects, achievements	s)	

PARENT / GUARDIAN INFORMATION:

	MAILING ADDRESS AND CONTACT NUMBERS OF FATHER / GUARDIAN	MAILING ADDRESS AND CONTACT NUMBERS OF MOTHER / GUARDIAN			
Family Name					
Given Names					
Address					
Home Tel. Business Tel.					
Fax No. Cell Phone E-mail					
Occupation					
	ngs be sent to two separate addresses? ne child live? (parents, father, mother, gua	rdian, etc.)			
Who is responsible	for paying the fees?				
How did you find out about the JFK Swiss Outdoor Camp?					
We hereby declare that we agree with the terms and conditions of enrolment at the JFK Swiss Outdoor Camp and that if the above-mentioned applicant is accepted, these terms will be honoured.					
Date	Signature of Parent / Guardian				

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