



Start Smart English  
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## 2024 Summer Camp Application Form

Summer Camp Application Form

Child's Full Name: \_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_

Parent/Guardian's Email: \_\_\_\_\_

Parent/Guardian's Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Child's Age: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Does the child have any medical conditions or allergies? If yes, please specify:

\_\_\_\_\_

Does the child have any dietary restrictions? If yes, please specify:

\_\_\_\_\_

Please list any medications the child is currently taking:

\_\_\_\_\_

Please indicate any special needs or accommodations required for the child:

\_\_\_\_\_

I hereby grant permission for the Camp to take photographs or videos of the Child during camp activities for advertising, promotional, or informational purposes. These materials may be used in printed publications, online publications, presentations, websites, and social media. The Parent/Guardian understands that these materials may be shared with the public and may appear in various forms of media.

Yes, I grant permission for photo/video consent.  No, I do not grant permission for photo/video consent.

Parent/Guardian Signature: \_\_\_\_\_

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