



EPONA SUMMER CAMP CHILD INFORMATION FORM

Child

NAME:		AGE:		D.O.B.:	
SEX:	M <input type="checkbox"/>	F <input type="checkbox"/>	Day month year		
Languages spoken:					
ADDRESS:					
CITY:					
POSTAL CODE:					
PHONE #:	HOME:				

PARENTS NAME,	Parents phone #'s
Childs Medical insurance card number and expiry date:	Pediatrician name and phone number:

Childs Behavior:

Please indicate any behaviors that might be challenging for Epona staff to deal with.

Medical/Health information

Will your child need to take medication while with us..if yes please explain.		Childs Height:	
Does your child have any medical conditions? (including any type of allergy) and what is the treatment?		Childs Weight:	
CONTACT PERSON and phone number in case of emergency			

Administration fee of \$25.00 must be included with this application.

Dates requested for summer camp 2010

August 2-6 August 9-13