

Alathena International Academy

Applicant Information

Name:		Passport Number:	
Date of Birth (MM/DD/YY)	tern	Phone:	
Gender:		Email:	

Contact Information

Parent(s)/	Guardian(s) Name(s)	
Address:		
City:		Province:
Post Code:		Country
Contact Nu	umber:	Email:

Camper's Medical Information (kept on site at all times)

Medical Conditions/Allergies		
Special Dietary	No	Yes (please specify below)

Emergency Contact Information

Emergency Contact Name:		Emergency Contact Phone:	
	Please select the type of camping	Alathena ESL Camping	Alathena Gold Tour Camping

Please select the length of your stay

2 Weeks	3 Weeks	4 Weeks
		Total \$

Parent(s)/Guardian(s)	Date	
Signature	(MM/DD/YY):	

Please complete the 2023 Alathena Summer Camp Application Form and send to Alathena International Academy by email: <u>admissions@alathenaschool.com</u>

*Refund policy:

No refund will be given if any cancellations due to any reasons except visa refusals, less the \$500 CAD administrative fee.