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www.luckykids.bg

Questionnaire for parents



INFORMTION ABOUT THE CAMPER

1. Name/surname/family name:
2. Address:.....
3. Mobile phone:.....
4. Home phone:.....
5. E-mail:.....
6. Date of birth:.....
7. Age:.....
8. School:

9. Please, point the period of the chosen camp shift: From To.....

10. Has the child already attended LuckyKids International Summer Camp before?

Yes ☐ No ☐

11. Type of the camp you have chosen/*please, mark your choice/*:

- With Language course ☐
- Without Language course ☐

12. Language course:

- English ☐
- French ☐

13. Language level:

- beginners ☐
- intermediate ☐
- upper intermediate ☐



14. In case the child has studied English language before, please, write down where:

.....

.....

.....

HEALTH STATUS OF THE CAMPER

15. Does your child suffer from the **listed bellow diseases?**

/Please mark Yes or No/

- | | | |
|--|---------------------------|--------------------------|
| - chronic pulmonary disease | Yes <input type="radio"/> | No <input type="radio"/> |
| - heart and vascular cases | Yes <input type="radio"/> | No <input type="radio"/> |
| - diagnosed heart diseases | Yes <input type="radio"/> | No <input type="radio"/> |
| - bones and joints diseases | Yes <input type="radio"/> | No <input type="radio"/> |
| - increased blood pressure | Yes <input type="radio"/> | No <input type="radio"/> |
| - epilepsy and other fainting | Yes <input type="radio"/> | No <input type="radio"/> |
| - diabetes | Yes <input type="radio"/> | No <input type="radio"/> |
| - gastroenterological diseases | Yes <input type="radio"/> | No <input type="radio"/> |
| - kidneys' diseases | Yes <input type="radio"/> | No <input type="radio"/> |
| - medicines allergy | Yes <input type="radio"/> | No <input type="radio"/> |
| - other chronical diseases | Yes <input type="radio"/> | No <input type="radio"/> |
| - any decompensated chronical diseases | Yes <input type="radio"/> | No <input type="radio"/> |
| - is the camper in contact with contagious disease | Yes <input type="radio"/> | No <input type="radio"/> |
| - is the camper sick of contagious disease | Yes <input type="radio"/> | No <input type="radio"/> |
| - is there a case of nicturia | Yes <input type="radio"/> | No <input type="radio"/> |

/Please, describe the disease if the answer is 'Yes':

16. Does your child suffer from one of the listed below allergies?

/Please indicate with 'Yes' or 'No':

- | | | |
|---|---------------------------|--------------------------|
| - Sun allergy | Yes <input type="radio"/> | No <input type="radio"/> |
| - grass, grass and trees seeds allergies /hayfever/ | Yes <input type="radio"/> | No <input type="radio"/> |
| - cold allergy | Yes <input type="radio"/> | No <input type="radio"/> |
| - home dust allergy | Yes <input type="radio"/> | No <input type="radio"/> |
| - water allergy | Yes <input type="radio"/> | No <input type="radio"/> |
| - insect bites allergy | Yes <input type="radio"/> | No <input type="radio"/> |
| - food allergy <i>/please name the food/</i> | Yes <input type="radio"/> | No <input type="radio"/> |
-

- | | | |
|---|---------------------------|--------------------------|
| - medicines allergy <i>/please name the medicine/</i> | Yes <input type="radio"/> | No <input type="radio"/> |
|---|---------------------------|--------------------------|
-

- other allergies
-

17. In case of allergic shock:

- observed reactions of the body:
-

- Dose and medicines:
-

18. Did your child receive any of the listed below injuring?

/If the answer is "Yes" or „no", please, describe it on the appropriate place/:

- Traumas, lead to breaking of knees, ankles or shoulders' joints Yes ☐ No ☐

.....
- Spinal column, chest or collar-bone injuring Yes ☐ No ☐

.....

19. Please, point the **medicine for **high temperature** your child takes:**

.....

20. Please, point the **medicines and the doses for medicines your child is supposed to drink **daily** upon doctor's prescription:**

.....

21. Please, point if your child has any of the following **poor eyesight:**

/Please indicate the answer „Yes" or „No"/:

- Short-sightedness Yes ☐ No ☐

- Long-sightedness Yes ☐ No ☐

- Astigmatism Yes ☐ No ☐

- Night blindness Yes ☐ No ☐

22. Is your child **afraid of:**

/ Please indicate the answer „Yes" or „No"/:

- Heights Yes ☐ No ☐

- Close or narrow spaces Yes ☐ No ☐

- other

Yes ☐ No ☐

Please, describe:

23. Data of the personal M.D. of the child:

- Name/family name:
- Telephone:

24. Special requirements about nutrition:

- Meat ☐
- Vega ☐
- To insist the child to eat everything ☐
- To Not insist the child to eat everything ☐

25. Special requirements about the clothing /equipment/:

Summer Language Camp for Children **LuckyKids** has the requirement toward the children to use the enlisted and obligatory for them equipment in the specialized activities – biking /safety helmet/, horse riding /safety helmet/, swimming /swimming costume, hat, swimming goggles/.

In case you have personal equipment, please list it below:

.....

- In case you have special requirements about the clothing/equipment of the child, please, write it down:

.....

26. Special requirements for the sport activities:

- Horse riding:
- Paintball:.....
- Tourism:.....
- Biking:.....
- Yoga complex:

- Please, have in mind that during the paintball games, it is possible the children to receive bruises, No matter that they are wearing safety mask and/or costume.

27. Special requirements about the swimming:

LuckyKids international summer camp organizes the swimming activities in an indoor pool of Lucky Banskó hotel with **33 degree Celsius** of the pool water.

In case the child cannot swim, but would like to take part in the activity, it is obligatory to wear floaties – 2 sets.

Please, indicate the **swimming level** of your child:

- Does Not swim: ☐
- Beginner: ☐
- Average: ☐
- Good swimmer: ☐

28. Special requirements about the education:

.....

29. Fears and possible reactions in stress situations:

.....

30. Favourite activities/hobbies of the camper:

.....

31. Personal interdictions from the parents to the child:

.....

32. Does the child have any problems while travelling– get sick, vomit? /Please, indicate with Yes or No/

Yes ☐ **No** ☐

Please, describe possible reactions:.....

33. Do you wish your child to be accommodated in one hotel room with a concrete child from the same camp period? /Please, indicate with Yes or No/

Yes ☐ **No** ☐

Please, write down the name of that child:

INFORMATION ABOUT THE CAMPER'S PARENTS

1. Name/surname/family name:
2. Address:.....
3. Home telephone:.....
4. Business telephone:.....
5. Mobile phone:
6. Fax:
7. E-mail:
8. A person who will bring the camper at the meeting point on the date of departure:
.....
9. A person who will pick up the child from the meeting point on the date of arrival:
.....
10. Other contact person, apart from parents – names, telephone, address, e-mail:
.....
11. How did you understand about **LuckyKids**? :

/parents carry the full responsibility for filling in this questionnaire or for incorrect information/

ACCOMPANYING PARENTS/ OTHER

1. Do you plan to accompany your child?: Yes ☐ No ☐
2. In case the answer is „Yes”, please, fill in:
 - Number of accompanying people/relatives and relations:
 - Period of their stay:
 - Type of accommodation (separate or with the child/children):

TRANSPORTATION

1. I confirm that my child will use the transportation organized by **LuckyKids** International Summer Camp according to the standard procedure of the camp, in the confirmed days and hours of departure and arrival. Transfer route: Sofia-Bansko - Sofia Yes ☐ No ☐
2. I confirm that my child will not use the transportation organized by **LuckyKids International Summer Camp** and I would like to order individual transfer: Yes ☐ No ☐
 - a. Date, time and place of the transfer:
.....
.....
3. I confirm that we will take our child with our own transport to the camp and back and we will not use the transportation organized by **LuckyKids** International Summer Camp Yes ☐ No ☐

OTHER INFORMATION WHICH IS IMPORTANT TO KNOW

.....
.....
.....
.....

Parent/guardian:.....

/three names/

Date:

Signature:

NB! Not filling this declaration gives The Camp management the reason to refuse participation of the child. The Camp management is keeping the right to decline participation of the child in case of complicated health condition.

All the given data will be used only as a necessary information guarantee for the safety participation of the children.

LuckyKids guarantees that the received information through this inquiry will Not be provided to third side in any occasion.

