



# Summit School Summer Camp 2018



**\*\*Please send in registration form as soon as possible in order to hold your child's spot. Payment can be made on or prior to the start of camp.**

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

Student's name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Does your child require transportation? YES \_\_\_\_\_ NO \_\_\_\_\_

Pick up in the am Address: \_\_\_\_\_ City & Prov.: \_\_\_\_\_ Postal code: \_\_\_\_\_

Drop off in the PM Address (If different): \_\_\_\_\_ City & Prov.: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home Phone no.: \_\_\_\_\_ Email: \_\_\_\_\_

Father/Guardian: First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Mother's/Guardian: First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Father's cell: \_\_\_\_\_ Mother's cell: \_\_\_\_\_

Teacher's name: \_\_\_\_\_ Social Worker: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone no.: \_\_\_\_\_

Medication Yes  No  Medication name: \_\_\_\_\_ Dosage per day: \_\_\_\_\_

Syndrome Yes  No  Describe: \_\_\_\_\_

Activity Restrictions Yes  No  Describe: \_\_\_\_\_

Allergies Yes  No  Describe: \_\_\_\_\_

**Please check off the sessions child will attend (minimum of 3 weeks)\*:**

**(IF LESS THAN 3WEEKS THE COST PER WEEK WILL BE 350\$)\***

July 2- July 6  July 9 – July 13  July 16 – July 20  July 23 – July 27  July 30 - Aug. 3

Number of weeks \_\_\_\_\_ x \$325 = \$ \_\_\_\_\_

Number of weeks \_\_\_\_\_ x \$350 = \$ \_\_\_\_\_

**Please turn over and fill in the payment information**





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Please check off one of the following:

**A. I am applying to an outside agency (ie: CLSC) for funding:**

*(Summit School will bill the Agency directly, please provide the following information.)*

Agency name: \_\_\_\_\_

Address: \_\_\_\_\_

Number / Street

App.#

City/Province

Posta Code

Contact person: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_ Fax#: \_\_\_\_\_

**B. I am not applying to an outside agency for funding:**

*(Please enclose payment of cash, cheque or post dated cheques)*

**SOCIAL INSURANCE NUMBER OF THE INDIVIDUAL CLAIMING THE TAX CREDIT:** (please check one box)

Father's S.I.N. \_\_\_\_\_  Mother's S.I.N. \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_