



Summit School Summer Camp 2019



****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 1- July 5 July 8 – July 12 July 15 – July 19 July 22 – July 26 July 29 - Aug. 2

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)

<input type="checkbox"/>	Father's S.I.N. _____	<input type="checkbox"/>	Mother's S.I.N. _____
	Father's Full Name: _____		Mother's Full name: _____

Signature of parent/guardian: _____