



Summit Summer Camp

**Please send in the registration form by April 25th, 2025 in order to hold your child's spot.*

After this date we cannot guarantee a space at camp

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:

June 30- July 4 July 7 – July 11 July 14 – July 18 July 21 – July 25

Number of weeks _____ x \$375 = \$ _____ (*\$1400 for the full 4 weeks*)

Total Amount Due \$ _____

Payment info on back →



Please note that it is the parent's responsibility to make sure that payment is made to the school prior to the start date of camp. Even if you are applying for a subsidy, the parent must pay the school directly.

Form of Payment: Please check off one.

- 1. Cash
- 2. Cheque
- 3. Credit card.

Name on Credit Card: _____

Credit Card Number: _____

Expiry Date of Credit card: _____

CVV (Number on the back of the Credit card): _____

I am enclosing 1 payment in the amount of: \$ _____

I would like to pay the amount due in ____ installments each payment for \$ _____.

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

Father's S.I.N. _____ Mother's S.I.N. _____
 Father's Full Name: _____ Mother's Full name: _____

Signature of parent/guardian: _____