

Payment info on back -

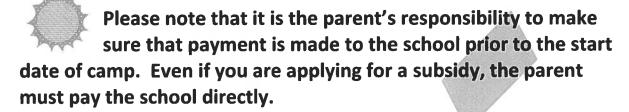
## Summit Summer Camp

\*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 Work	er:			
Emergency contact:Rela	ation:	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\$					





## Form of Payment: Please check off one.

ı. Cash			
2. Cheque			
3. Credit card.			
Name on Credit Card:			
Credit Card Number:			
Expiry Date of Credit car	rd:		
CVV (Number on the bac	ck of the Credit	card:	
I am enclosing 1 payment in the	he amount of: \$		
I would like to pay the amoun \$			
SOCIAL INSURANCE NUMBER OF THE IN			
Father's S.I.NFather's Full Name:	Mother's S	.l.N ther's Full name:	
Signature of parent/guardia	n:		