



PA Day Camp Registration 2017-2018

Please return completed form to melissan@mcrc.on.ca

Registration will be done on a first come, first serve basis. Email confirmations will be sent verifying your child has been registered.

Please choose the dates you would like to register for:

- September 25
- October 6
- November 24
- February 2
- February 16
- April 27
- June 1

Please choose your preferred location:

- Bruce Trail Public School
- TJ Singh Public School

Child's Name _____ Date of Birth _____

School Child Currently Attends _____ Grade _____

Parent & Guardian Information *(must complete all fields)*

Parent/Guardian 1 _____ Address _____
 Town _____ Postal Code _____
 Home Phone _____ Cell Phone _____ Business Phone _____
 Name of Business _____ Business Address _____
 Email Address _____

Parent/Guardian 2 _____ Address _____
 Town _____ Postal Code _____
 Home Phone _____ Cell Phone _____ Business Phone _____
 Name of Business _____ Business Address _____
 Email Address _____

Emergency Contacts *(must provide 2 different contacts)*

Name: _____ Relationship _____ Daytime Phone _____
 Name: _____ Relationship _____ Daytime Phone _____

Family Physician (Doctor) *(must complete all fields)*

Name: _____ Phone: _____
 Address: _____ City/Town: _____ Postal Code: _____

Medical Conditions? _____

Allergies/Food Restrictions? _____

Asthma? _____ Anaphylaxis? _____ If yes, please describe allergen _____

Fees for PA Days will be included in the billing using the payment information currently on file. All changes to registration, including cancellation, are subject to \$10.00 administrative fee per day.

Cancellation Policy – I understand I must give 2 weeks written notice of cancellation before the date of the PA Day and I am aware that I will not receive a refund if cancellation notice is given after the 2 week period.

Parent Signature: _____ Date: _____

(office use only) Staff Initials: _____ Date Received: _____ Time Received: _____