Bannockburn SUMMER CAMP 2017

2017 Registration form Child's Information

Name:				
Gender: F	М			
Birthdate:				
	Day	Month	Year	
Child Resid	les With:			

Program Choices

Program Weeks and	Half Day (For children age 4-5)		Full Day (For Children age 4-12)		
Dates		Tick for HD		Tick for FD	Specialist Activity
Week I (June 26–30)	\$275		\$400		Multisports
Week 2 (July 4–7) * Four day week due to Canada Day	\$225		\$325		Science Bonanza
Week 3 (July IO-I4)	\$275		\$400		Creative Construction
Week	\$275		\$400		Multisports
Week 5 (July 24-28)	\$275		\$425		Dramatic Arts (Act One)
Week 6 (July 31 - August 4)	\$275		\$400		Art Attack

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Family Information

Parent's Name:	Parent's Name:
Home Address:	Home Address:
City/ Town:	City/ Town:
Postal Code:	Postal Code:
Phone:	Phone:
Preferred Email:	Preferred Email:
Workplace Name:	Workplace Name:
Business Phone:	Business Phone:
Cell Phone:	Cell Phone:

Medical Information

Health Card Number:	
Name of Physician:	
Physician's Phone:	
Does your child have any allergies and medical conditions? Yes	No
If yes, please specify:	
Does your child require an epi-pen? Yes No	

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Emergency Consent And Contact

In case of an identified medical emergency, permission is hereby given to call 911 and to proceed with medical treatment. I/We understand that any medical expenses incurred for such treatment are my/ our responsibility.

Parent Signature:

Date:

Please give the name(s) of those who shall be contacted and or authorized to receive your child upon school dismissal in case of illness or injury, where a parent(s) cannot be reached.

Name:

Relationship:

Home Phone:

Work Phone:

Cell Phone:

Release

I/We understand that occasionally photographs of the school are taken which may include my/our child/ children or family. I/We hereby grant permission to the school for their use for internal purposes or as advertising in such as the Bannockburn newsletters, flyers, posters, pamphlets, website, etc.

Parent Signature:

Date:



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www.bannockburn.ca