

Registration form - July 3-13, 2018

Participant Information

Last Name: _____

Child # 1

First Name: _____ Birthday:(dd/mm/yyyy) _____ M F

Medicare: _____ Expiration: _____ **School Grade (2017-2018):** _____

Asthma: No Yes Medication: _____

Diabetes: No Yes Medication: _____

Allergies: No Yes Specify: _____

Other medications / instructions: _____

Child # 2

First Name: _____ Birthday:(dd/mm/yyyy) _____ M F

Medicare: _____ Expiration: _____ **School Grade (2017-2018):** _____

Asthma: No Yes Medication: _____

Diabetes: No Yes Medication: _____

Allergies: No Yes Specify: _____

Other medications / instructions: _____

Parent or Guardian Information

Last Name: _____ First Name: _____

Home Address: _____

Home Tel. Num.: _____ Cellular: _____ Work Num.: _____

E-mail: _____

Emergency Contact

Name: _____ Tel. #: _____ Relation to child: _____

Bus Transportation Information (30\$ per Child)

Morning Address: _____

Afternoon Address: _____

Registration Amount (Circle the amount)

	<u>1 Child</u>		<u>2 Children</u>		<u>3 Children</u>	
		<u>with bus</u>		<u>with bus</u>		<u>with bus</u>
	170	200	300	360	400	490

Minimum Registration Deposit: 50.00\$ / child

Deposit/Full:	_____	Cash	Cheque	Received by:
Remaining:	_____	Cash	Cheque	Received by:

Continuation of form...

Child # 3			
First Name:	_____	Birthday:(dd/mm/yyyy)	M F
# Medicare:	_____	Expiration: _____	School Grade (2017-2018): _____
Asthma:	No Yes	Medication:	_____
Diabetes:	No Yes	Medication:	_____
Allergies:	No Yes	Specify:	_____
Other medications / instructions:	_____		
Child # 4			
First Name:	_____	Birthday:(dd/mm/yyyy)	M F
# Medicare:	_____	Expiration: _____	School Grade (2017-2018): _____
Asthma:	No Yes	Medication:	_____
Diabetes:	No Yes	Medication:	_____
Allergies:	No Yes	Specify:	_____
Other medications / instructions:	_____		