



SUMMER CAMP PROGRAM 2018 REGISTRATION

Child's Name: _____
(Last) (First) (Middle)

Home Address: _____ Postal Code: _____

Telephone # _____ Child's Date of Birth: _____

Dates: Please check the week(s) you would like to enroll your child.

July Program	August Program
<input type="radio"/> July 3-6 <input type="radio"/> July 9-13 <input type="radio"/> July 16-20 <input type="radio"/> July 23-27 <input type="radio"/> July 30 – August 3	<input type="radio"/> August 7-10 <input type="radio"/> August 13-17 <input type="radio"/> August 20-24 <input type="radio"/> August 27-31

	Parent 1	Parent 2
Full Name		
Phone no.		
Cell phone no.		
Address		
Email address		

Ontario Health Number _____ Allergies _____

Child's Doctor _____ Phone no. _____ Address _____

<u>PERSON TO BE CONTACTED IF PARENTS CANNOT BE REACHED:</u>		
Name: _____	Address: _____	
Business phone no. _____	Home phone no. _____	Relationship to child _____

Name and phone number of who will be picking up and dropping off child at camp:

Name: _____ Phone number: _____

Date of Application _____ Signature _____

Amount Received: _____ By: _____ Cheque # _____

Please make cheques payable to BrightPath Kids Corp. in the amount of \$295.00/week and \$240.00/ 4-day week.