DEVELOPING SKILLS CAMP PROGRAMFor children activities in the months of July and August 2012

Student Name Gender: Male Female Email (parent) @ Date of Birth: / /	APPLICANT INFOR	RMATION		R	REF NO.:			-
Email (parent) @ Date of Birth:/_/ First Language	Student Name						- 1	
Health Condition Family Doctor Family Doctor Family Doctor PARENT/GUARDIAN INFORMATION (Applicable only for students under 16 years of age) Name (First then last) Email @ Address City Prov.: Postal Code: Tel/Day () - Evening:() - Cell:() - IN CASE OF EMERGENCY, WE CAN CONTACT: Name (First then last) Address Postal Code: Tel/Day () - Evening:() - Cell:() - SUMMER 2012 PLANNER: (FOR OFFICE USE) [] 3 - 6 July*								4 ,
Health Condition Family Doctor Family Doc. Tel:() - PARENT/GUARDIAN INFORMATION (Applicable only for students under 16 years of age) Name (First then last) Email @ Address City Prov.: Postal Code: Tel/Day () - Evening:() - Cell:() - IN CASE OF EMERGENCY, WE CAN CONTACT: Name (First then last) Address Postal Code: Tel/Day () - Evening:() - Cell:() - SUMMER 2012 PLANNER: (FOR OFFICE USE) 3 - 6 July*	•		_			Birth:	_//	
Health Condition Family Doctor Family Doc. Tel:() - PARENT/GUARDIAN INFORMATION (Applicable only for students under 16 years of age) Name (First then last) Email @ Address City Prov.: Postal Code: Tel/Day () - Evening:() - Cell:() - INCASE OF EMERGENCY, WE CAN CONTACT: Name (First then last) Address Postal Code: Tel/Day () - Evening:() - Cell:() - SUMMER 2012 PLANNER: (FOR OFFICE USE) 3 - 6 July*	First Language							
Health Condition Chilp#: Family Doc. Tel: ()	Current School					2012:		-
Family Doc. Tel:() - PARENT/GUARDIAN INFORMATION (Applicable only for students under 16 years of age)					m sept			\dashv :
Name (First then last) Prov.: Postal Code:	Health Condition			OHIP#:				╛
Name (First then last) Prov.: Postal Code:	Family Doctor			Family D	Ooc. Tel:	()	_	⊣ Լ
City	•	L. AN INFORMATION (Applicable onl				age)	-
City				,				
City	Email		@					⊣ }
City	Address					Apt #:		⊣ ▶
Tel/Day () - Evening:() - Cell:() - IN CASE OF EMERGENCY, WE CAN CONTACT: Name (First then last) Relationship: Address Postal Code: Tel/Day () - Evening:() - Cell:() - SUMMER 2012 PLANNER: (FOR OFFICE USE) 3 - 6 July*	City		Prov.:		Post	_		\dashv
Name (First then last) Relationship:		() -) -			· 	⊣ \$
Relationship:	<u> </u>	,	Ŭ,	. /	Cen			⊣ ∮
Address Tel/Day () - Evening:() - Cell:() - SUMMER 2012 PLANNER: (FOR OFFICE USE) 3 - 6 July*		GENCI, WE CAN C	ONIACI.		Rela	ationshir):	- •
Tel/Day () - Evening:() - Cell:() - SUMMER 2012 PLANNER: (FOR OFFICE USE) 3 - 6 July*	,					•		- (
SUMMER 2012 PLANNER: (FOR OFFICE USE) 3 - 6 July*								_
□ 3 - 6 July* □ 9 - 13 July □ 16-20 July □ 23-27 July Focus Group / Comments: Ext. AM□PM□ Ext. AM□PM□ Ext. AM□PM□ Ext. AM□PM□ For JK/SK (6 or less) regular prog. fee applies Select extended hours as appropriate (extra charges will apply). *Short week less \$ 30. NUMBER OF WEEKS RESERVED: WEEK(S), NUMBER OF: AM, PM Payment: □ Personal Check □ Visa □ Certified Check, Customer Acceptance Total weeks X \$/w (add extended hours: \$) = Total program charges: \$ For Registration Confirmation: Upon registration \$50 per week deposit is required Balance / Program full payment by June 3 rd (post dated checks). Registrations after June 3 rd to be paid in full.	Tel/Day	() -	Evening:() -	Cell	:()	-	_ չ
Ext. AM PM For JK/SK (6 or less) regular prog. fee applies Select extended hours as appropriate (extra charges will apply). *Short week less \$ 30. NUMBER OF WEEKS RESERVED: WEEK(S), NUMBER OF: AM, PM Payment: Personal Check Visa Certified Check, Customer Acceptance Total weeks X \$ /w (add extended hours: \$) = Total program charges: \$ For Registration Confirmation: Upon registration \$50 per week deposit is required Balance / Program full payment by June 3 rd (post dated checks). Registrations after June 3 rd to be paid in full.								
30-3 Aug						cus Group	O/Comments.	<u>: </u>
Ext. AM PM Ext. AM PM Ext. AM PM regular prog. fee applies Select extended hours as appropriate (extra charges will apply). *Short week less \$ 30. NUMBER OF WEEKS RESERVED: WEEK(S), NUMBER OF: AM, PM Payment: Personal Check Visa Certified Check, Customer Acceptance Total weeks X \$/w (add extended hours: \$) = Total program charges: \$ For Registration Confirmation: Upon registration \$50 per week deposit is required Balance / Program full payment by June 3 rd (post dated checks). Registrations after June 3 rd to be paid in full.					-	r JK/SK (6	or less)	┨
NUMBER OF WEEKS RESERVED: WEEK(S), NUMBER OF: AM, PM	Ext. AM PM Ext	t. AM PM Ext.	. AM□PM□	Ext. AM□ PN	Λ□ reş	gular prog.	fee applies	
Personal Check Visa Certified Check, Customer Acceptance Total weeks X \$/w (add extended hours: \$) = Total program charges: \$ For Registration Confirmation: Upon registration \$50 per week deposit is required Balance / Program full payment by June 3 rd (post dated checks). Registrations after June 3 rd to be paid in full.	Select extended ho	ours as appropriate ((extra charges	s will apply)). *Short	week le	ss \$ 30.	•
Total weeks X \$/w (add extended hours: \$) = Total program charges: \$ For Registration Confirmation: Upon registration \$50 per week deposit is required. Balance / Program full payment by June 3 rd (post dated checks). Registrations after June 3 rd to be paid in full.								
For Registration Confirmation: Upon registration \$50 per week deposit is required. Balance / Program full payment by June 3 rd (post dated checks). Registrations after June 3 rd to be paid in full.								- (
Program full payment by June 3 rd (post dated checks). Registrations after June 3 rd to be paid in full.								╝
	For Registration C	<u>'onfirmation:</u> Upon 1	registration \$5	0 per week d	eposit is :	required. 3 rd to be a	Balance /	
20121 Reservation is cancelled for the payments.								
cLaughlin north of Williams Parkway). The 8 th Year in a row!! er Before May 31 Register Before June 15 Register any time	(min 6 weeks)	\$ 140/w (min 5	weeks) \$ 1			eeks)	Bovain	d (Hwy7)
IcLaughlin north of Williams Parkway). The 8 th Year in a row!! er Before May 31 Register Before June 15 Register any time		•	•		for extr	a \$\$) i	. –	Red M
CLaughlin north of Williams Parkway). The 8 th Year in a row!! er Before May 31 Register Before June 15 Register any time v (min 6 weeks) \$ 140/w (min 5 weeks) \$ 160/w (select the weeks) weeks or more any time for \$130/week (before/after hours for extra \$\$) Red M					· C·II	_ I	McLaughlin	
cLaughlin north of Williams Parkway). The 8 th Year in a row!! er Before May 31 Register Before June 15 Register any time (min 6 weeks) \$ 140/w (min 5 weeks) \$ 160/w (select the weeks) weeks or more any time for \$130/week (before/after hours for extra \$\$) wisit our web site for more information about the program. McLaughlin	stration days: ple	ase visit our web s	ite, or conta	ct our offic	e. Call u	S	<u> </u>	
w (min 6 weeks) \$ 140/w (min 5 weeks) \$ 160/w (select the weeks) 6 weeks or more any time for \$130/week (before/after hours for extra \$\$)	155-855	9 today fo	or vour	appoir	ıtmer	ıt	l Willi	aı