

DEVELOPING SKILLS CAMP PROGRAM

For children activities in the months of July and August 2012

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www.EduFunCamp.ca

APPLICANT INFORMATION		REF NO.:		
Student Name (First then last)		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Email (parent)	@	Date of Birth: __ / __ / ____		
First Language		Language Spoken In the home:		
Current School		Grade in Sept 2012:		
School Address				
Health Condition		OHIP#:		
Family Doctor		Family Doc. Tel:() -		
PARENT/GUARDIAN INFORMATION (Applicable only for students under 16 years of age)				
Name (First then last)				
Email	@			
Address			Apt #:	
City		Prov.:	Postal Code:	
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)				
<input type="checkbox"/> 3 - 6 July* Ext. AM <input type="checkbox"/> PM <input type="checkbox"/>	<input type="checkbox"/> 9 - 13 July Ext. AM <input type="checkbox"/> PM <input type="checkbox"/>	<input type="checkbox"/> 16-20 July Ext. AM <input type="checkbox"/> PM <input type="checkbox"/>	<input type="checkbox"/> 23-27 July Ext. AM <input type="checkbox"/> PM <input type="checkbox"/>	<i>Focus Group /Comments:</i> For JK/SK (6 or less) regular prog. fee applies
<input type="checkbox"/> 30- 3 Aug Ext. AM <input type="checkbox"/> PM <input type="checkbox"/>	<input type="checkbox"/> 7 - 10 Aug* Ext. AM <input type="checkbox"/> PM <input type="checkbox"/>	<input type="checkbox"/> 13-17 Aug Ext. AM <input type="checkbox"/> PM <input type="checkbox"/>	<input type="checkbox"/> 20-24 Aug Ext. AM <input type="checkbox"/> PM <input type="checkbox"/>	
Select extended hours as appropriate (extra charges will apply). *Short week less \$ 30.				
NUMBER OF WEEKS RESERVED: _____ WEEK(S), NUMBER OF: AM _____, PM _____				
Payment: <input type="checkbox"/> Personal Check <input type="checkbox"/> Visa <input type="checkbox"/> Certified Check, <i>Customer Acceptance</i> _____				
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. No refund for any changes /cancellation after June 15 th 2012. Reservation is cancelled for late payments.				

Edu-Fun Camp 2012 Registration at: 20 Red Maple Dr., Unit# 2
(Off McLaughlin north of Williams Parkway). *The 8th Year in a row!!*

Register Before May 31	Register Before June 15	Register any time
\$ 130/w (min 6 weeks)	\$ 140/w (min 5 weeks)	\$ 160/w (select the weeks)

Select 6 weeks or more any time for \$130/week (before/after hours for extra \$\$)

Please visit our web site for more information about the program.

For registration days: please visit our web site, or contact our office. Call us

905 455-8559 today for your appointment

