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# REGISTRATION FORM

## RING BREAK CAMP

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**For your registration to be confirmed you must submit payment and where applicable supporting grant documents**

**10 spots available each week for children ages 8 to 12**

**PROGRAM, DAYS, TIME AND FEES Place an X next to the week you are interested in having your child attend**

PROGRAM	DAYS	SESSION TIME	FEE
Art Expression, Movement and Music	Monday to Friday	9:30 AM – 2:30 PM	\$225 / week

**Week #1 (March 17-21, 2014)**

**Week #2 (March 24-28, 2014)**

**STUDENT INFORMATION \*\*Returning students do not need to complete the student information page\*\***

**New Student**     **Returning Student**    **Child's Name:** \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth:    /    /    Y Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian: (1) \_\_\_\_\_ Cell #: \_\_\_\_\_

(2) \_\_\_\_\_ Cell #: \_\_\_\_\_ School Attending: \_\_\_\_\_

Health Concerns/Allergies: \_\_\_\_\_

Emergency Contact (Name & Number): \_\_\_\_\_

Diagnosis:     LD     AD/HD     Suspected LD     Other

**PAYMENT OPTIONS**

Cheque(s)     Credit Card     Cash    Grant:  CKNW     Variety     Other: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**OFFICE USE ONLY** (Membership Database, Spring/Summer Database, Payment, Receipt, MailChimp, Photocopy for Accountant & Binder-Kate)

Registration Received: \_\_\_\_\_  Program Payment Received: \_\_\_\_\_ \$ \_\_\_\_\_

Current Member \_\_\_\_\_ (Expiry)     New Member (\$35.00)     Renewing Member (\$35.00)

Grant/Bursary Approval Number. \_\_\_\_\_ Amount \$ \_\_\_\_\_ Expiry: \_\_\_\_\_