

Summit Summer Camp

Please send in the registration form by **April 27th, 2026, in order to hold your child's spot.
 After this date we cannot guarantee a space at camp or on the school bus
 Payment can be made on or prior to the start of camp.*

Date: _____
 Student's name: _____ Birth date: _____ Age: _____

Does your child require transportation? YES _____ NO _____

Pick up in the am Address: _____ City & Prov.: _____ Postal code: _____

Drop off in the PM Address (If different): _____ City & Prov.: _____ Postal code: _____

Home Phone no.: _____ Email: _____

Father/Guardian: First name: _____ Last name: _____

Mother's/Guardian: First name: _____ Last name: _____

Father's cell: _____ Mother's cell: _____

Teacher's name: _____ Social Worker: _____

Emergency contact: _____ Relation: _____ Phone no.: _____

Medication Yes <input type="checkbox"/> No <input type="checkbox"/>	Medication name: _____	Dosage per day: _____
Syndrome Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe: _____	
Activity Restrictions Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe: _____	
Allergies Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe: _____	

Please check off the session's your child will attend:			
<input type="checkbox"/> July 6- July 10	<input type="checkbox"/> July 13 – July 17	<input type="checkbox"/> July 20 – July 24	<input type="checkbox"/> July 27 – July 31
Number of weeks _____ x \$375 = \$ _____ (<i>\$1400 for the full 4 weeks</i>)			
Total Amount Due\$ _____			





Please note that it is the parent/ guardian's responsibility to make sure that payment is made to the school prior to the start date of camp. Even if applying for a subsidy, the parent/guardian must pay the school directly.

Form of Payment: Please check off one.

1. Cash

2. Cheque

3. Credit card.

Name on Credit Card: _____

Credit Card Number: _____

Expiry Date of Credit card: _____

CVV (Number on the back of the Credit card: _____

I am enclosing 1 payment in the amount of: \$ _____

I would like to pay the amount due in ____ installments each payment for \$ _____.

SOCIAL INSURANCE NUMBER OF THE INDIVIDUAL CLAIMING THE TAX CREDIT: (please check one box)

Father's S.I.N. _____ Mother's S.I.N. _____
Father's Full Name: _____ Mother's Full name: _____

Signature of parent/guardian: _____