



# Summit School Day Camp 2023

*\*Please send in the registration form as soon as possible in order to hold your child's spot.*

*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 ☐ No ☐ Medication name: \_\_\_\_\_ Dosage per day: \_\_\_\_\_

Syndrome Yes ☐ No ☐ Describe: \_\_\_\_\_

Activity Restrictions Yes ☐ No ☐ Describe: \_\_\_\_\_

Allergies Yes ☐ No ☐ Describe: \_\_\_\_\_

## Please check off the sessions child will attend:

☐ July 3- July 7 ☐ July 10 – July 14 ☐ July 17 – July 21 ☐ July 24 – July 28

Number of weeks \_\_\_\_\_ x \$375 = \$ \_\_\_\_\_ (*\$1400 for the full 4 weeks*)

Total Amount Due \$ \_\_\_\_\_

***Please turn over and fill in the payment information***



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Please note that it is the parent's responsibility to make sure that payment is made to the school prior to the start date of camp. Even if you are applying for a subsidy, the parent 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: \_\_\_\_\_