



# APPLICATION FOR ENROLLMENT 2012

please complete one form per camper

## CHILD INFORMATION (please print clearly)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  boy  girl

Home Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age (as of July 1st) \_\_\_\_\_

Doctor \_\_\_\_\_ Dr's Phone No. \_\_\_\_\_ Health Card No. \_\_\_\_\_

Friends preferred as group mates \_\_\_\_\_

(we will attempt to fulfill, but cannot guarantee, this request)

## PARENT INFORMATION

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Parents are  Married  Separated\*  Divorced\*  Widowed  Other (please provide information on custodial arrangements, if any)

\*If separated/divorced, which parent does child live with?  Mother  Father Does other parent have free access?  Yes  No

## EMERGENCY CONTACT (if parents can't be reached)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

## 2012 SESSION FEES AND DATES – please check appropriate program(s)

**MONDAYS/WEDNESDAYS**  July 2012 (July 4, 9, 11, 16, 18, 23, 25) **\$270** (7 days)

August 2012 (July 30, August 1, 8, 13, 15, 20, 22) **\$270** (7 days)

**TUESDAYS/THURSDAYS**  July 2012 (July 3, 5, 10, 12, 17, 19, 24, 26) **\$300** (8 days)

August 2012 (July 31, August 2, 7, 9, 14, 16, 21, 23) **\$300** (8 days)

## METHOD OF PAYMENT – please check appropriate box

\$150.00 deposit per child per session, and post dated cheque for balance, dated March 1, 2012  Payment in full

PARENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



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