

ACADEMIC REFRESHER SUMMER CAMP REGISTRATION FORM

CAMPER INFORMATION

Surname:		First Name:	
Middle Initial:	Gender:	Date of Birth:	
Current address:			
City:	Province:	Postal Code:	
Home Phone:	Cell Phone:	Email:	

SPECIAL CONSIDERATIONS

Special Considerations for your child. (Academic or Allergies/Medical)

Academic Considerations	Allergies or Medical Issues (additional form may be required upon arrival at first day of camp)

How did you find out about this program? (Circle all that apply)

Oak Park Moms and Tots	Program Flyer	Email
Information Sessions	Referral from friend	Mail
Website	Internet Forum	Phone

Workshop dates and times (Please circle sessions requested)

1 st session August 18-21 (9:00-11:30am) 4 mornings	3 rd Session August 25-28 (9:00-11:30am) 4 mornings	Morning sessions \$100
2 nd session August 19,21 (1:00-3:30pm) 2 afternoons	4 th Session August 26,28 (1:00-3:30 pm) 2 afternoons	

EMERGENCY CONTACT

Name of emergency contact:

Address:	Phone:
City:	Postal Code:
Province:	

Relationship to applicant:

REGISTRATION IS DUE AUGUST 1ST 2008.

Please make all cheques payable to **Oak Park Moms and Tots**
 Mail, fax, or hand deliver completed application form to:
 Oak Park Moms and Tots
 Attention: Charlene Abrahams
 2530 Sixth Line Unit#9 Oakville L6H 6W5

