



P.A. Day Camp Registration Form 2009/2010

Name of Camper: _____ Birthday (mm/dd/yyyy): _____

Gender: _____ Health Card No.: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Parent/Guardian's Name: _____ Relationship to Camper: _____

Tel (D): _____ Tel (E): _____ Cell: _____

E-Mail: _____

Parent/Guardian's Name: _____ Relationship to Camper: _____

Tel (D): _____ Tel (E): _____ Cell: _____

If you would like to receive email updates from The Children's Museum about events and programs please check the circle.

Yes, I have read the Camp Parent Handbook (located on The Museum website)

I authorize The Children's Museum to photograph my child while participating in a program and use photographs for promotional purposes: Yes No

Sept. 28th <small>(UGDSB, WellCDSB)</small> <input type="radio"/> \$30 Members <input type="radio"/> \$33 NonMembers	Oct. 16th <small>(WCDSB)</small> <input type="radio"/> \$30 Members <input type="radio"/> \$33 NonMembers	Nov. 6th <small>(WCDSB, WRDSB)</small> <input type="radio"/> \$30 Members <input type="radio"/> \$33 NonMembers	Nov. 20th <small>(UGDSB, WellCDSB)</small> <input type="radio"/> \$30 Members <input type="radio"/> \$33 NonMembers
Dec. 4th <small>(WRDSB)</small> <input type="radio"/> \$30 Members <input type="radio"/> \$33 NonMembers	Feb. 22nd <small>(UGDSB, WellCDSB)</small> <input type="radio"/> \$30 Members <input type="radio"/> \$33 NonMembers	Mar. 12th <small>(UGDSB, WellCDSB)</small> <input type="radio"/> \$30 Members <input type="radio"/> \$33 NonMembers	Apr. 16th <small>(WCDSB, WRDSB)</small> <input type="radio"/> \$30 Members <input type="radio"/> \$33 NonMembers
Apr. 30th <small>(UGDSB, WellCDSB)</small> <input type="radio"/> \$30 Members <input type="radio"/> \$33 NonMembers	June 4th <small>(UGDSB, WellCDSB)</small> <input type="radio"/> \$30 Members <input type="radio"/> \$33 NonMembers	June 30th <small>(All 4 Local Boards)</small> <input type="radio"/> \$30 Members <input type="radio"/> \$33 NonMembers	

Method of Payment:

Debit MasterCard Visa

Total _____

Credit card number: _____ Expiry date: _____

Name on credit card: _____

