

Registration Form

One form per individual applicant

Name of Child: (In English) _____

(In Chinese) _____

Grade (Completed as of June 2012): _____

Language Spoken: Cantonese _____ English _____

Mandarin _____ Others _____

Date of Birth: M _____ D _____ Y _____

Gender: Male _____ Female _____

Address: _____

City _____ Postal Code _____

Telephone: _____

Guardian's Name: _____

Relation with Applicant: _____

Contact Telephone: _____

Email Address: _____

Is the guardian affiliated with a church? Yes / No

If yes, please specify: _____

Please give name(s) and age(s) of other child(ren) in the family registering together:

Name Age

1. _____

2. _____

3. _____

Medical Information

Health Card No. : _____

Family Doctor : _____

Telephone : _____

Allergies : _____

Special needs/Disability : _____

Medication : Yes / No

If yes, please specify : _____

EMERGENCY CONTACT :

1. Name : _____

Tel : _____

2. Name : _____

Tel : _____

Payment by **CHEQUE** only. Fees submitted are non-refundable after confirmation.

Please make cheque payable to "Markham Chinese Alliance Church".

REGISTRATION FORM + RELEASE AND WAIVER OF LIABILITY

AGREEMENT with CHEQUE should be mailed to or dropped off at:

1 Chatelaine Drive, Markham, ON L3S 3S9

Please and calculate the amount needed for the applicant.

	1st Child	Additional Family Member
Program Fee (Program materials, field trip, lunches and refreshments included)	<input type="checkbox"/> \$250	<input type="checkbox"/> \$220
Additional After Camp Program (Refreshments included)	<input type="checkbox"/> \$85	<input type="checkbox"/> \$65
For kids with allergies (Must bring own lunches and snacks)	<input type="checkbox"/> -\$50	<input type="checkbox"/> -\$50
Total amount for this applicant:		

For JK and SK only:

Please indicate if your child needs nap time in the afternoon: () Yes () No

Summer Camp Survey

Where did you learn about our camp?

() Promotion leaflet () TV/Newspaper/Radio () Referral by: _____ () Others: _____

FOR OFFICE USE ONLY

Payment by: Bank _____

Cheque # _____

Amount \$ _____

Date received : _____

Handled by: _____

Receipt No.: _____

Guardian Authorization

The applicant's information provided is strictly for church internal use and will not be shared with any outside organization. The applicant's name, photographs, CD/DVD/video tape image and activities being reproduced, will be used for displayed in church programs, church publications and church premises.

Completion of this form constitutes consent by the applicant to these terms and uses.

Guardian's

Signature : _____

Date : _____