



**REGISTRATION FORM SUMMER CAMP**

Please circle which week your interested in:

July 13-17      August 10-14

Possibly: July 27 - 31

1. Child's Full Name:
2. DOB (MM/DD/YYYY):
3. Parent/Guardian Name:
4. Full Address:
5. Phone number:
6. E-mail:
7. Emergency contact & relation to child: **MUST BE AVAILABLE TO PICK UP CHILD ASAP IF CALLED**
8. Emergency contact Address and phone no.:
9. Does your child have any allergies or food restrictions? YES or NO
10. If the answer is YES please specify:
11. Payment of \$150 Enclosed: CHEQUE or CASH

\*\*\* To be confirmed as enrolled registration form & full payment must be received by the registrar\*\*\*  
Please email [NGCL.playschool@gmail.com](mailto:NGCL.playschool@gmail.com) with any questions