

SUMMER CAMP REGISTRATION FORM

Telephone: (437) 352-3336, (416) 419-1910

E-mail: sunnyschoolsmarkham@gmail.com

Students Information			
Students Name:		Prefer Name:	
Date of Birth:		Gender:	
Home Address:		Home Phone:	
Day School:		Grade in September:	
Allergies, health or special behavior needs (e.g. ADHD)		Health Card #:	

Parents Information			
Mother's Name:		Father's Name:	
Cell:		Cell:	
E-mail:		E-mail:	

Emergency Contact			
Name:		Cell:	

Camp List

体育运动营	绘画艺术营	中文营	小说精读营
Sport Camp	Art Camp	Mandarin Camp	Novel Study Camp

SUNNY EDUCATION CENTRE

14-50 Lockridge Ave.
Markham, ON.
L3R 8X4

	Time	D.S. 9:00- 4:00	B.S 7:30- 9:00	A.S. 4:00- 6:00	Lunch	Field Trips	Total	Camp (S/A/M/E)
1	July 2 -5							
2	July 8-12							
3	July 15-19							
4	July 22-26							
5	July 29-Aug. 2							
6	Aug. 6-9							
7	Aug. 12 -16							
8	Aug. 19 -23							
9	Aug.26 - 30							

Novel Study Camp

JK & SK (LR)	SK &G1 (NG)	Grade1&2 (NG)	Grade 2&3 (NG)	Grade3&4 (Novel)	Grade5,6&7 (Novel)

I am the parent/legal guardian of the person named above and I hereby give permission for my child to participate in the activities of this summer camp and, in the event of an emergency, to receive treatment from a medical practitioner. I understand that the location of the field trips and/or school grounds may be changed pending approval by the relevant trip locales and school boards.

I acknowledge and agree that the Association may take photographs and video/audio recording of the participants therein and use these for promotional purposes or media publication. I hereby waive and discharge this Association, their directors and employees from all claims, costs and expenses in respect to damages or injury suffered, however caused, which may occur as a result of my child's participation in the summer camp in any location where the program is being held.

Signature: _____

Date: _____