Summer Camp Application



416-602-4875



Cedarbrae Mall www.CunninghamTaekwondo.com cunninghamtaekwondo@gmail.com

Section 1 - Parent / Guardian Information	전	Date:
Parent / Legal Guardian:		Relationship:
Address_	City:	Postal Code:
Contact Numbers: Home:	Work:	Mobile:
Email Address:		
In Case of Emergency, contact:		
Only the following people will be allowed to p	ick up my child v	without written permission:
Section 2 - Student Information		
Given Name:		Preferred Name:
Date of Birth (mm/dd/yy):/	Grade:	Dismissal Time:
Allergies:		
Medical Conditions:		
2 nd Student - Family or Friend		
Given Name:		Goes By:
Date of Birth (mm/dd/yy):/	Grade:	Dismissal Time:
Allergies:		
Medical Conditions:		

WHAT TO PACK:

UNIFORM IF YOU HAVE ONE AND OR COMFORTABLE CLOTHING, 2 SNACKS, LUNCH, CHANGE OF CLOTHING

Drop off Time: 8:30 to 10:30

Pick up Time: 3:00 to 4:30

Please turn over page





\square June 30 th to 4 th \square All week	Part-time - Mon	****	Wed	Thu	Fri - At the rate of \$
☐ July 7 th to 11 th ☐ All week	Part-time - Mon	Tue	Wed	Thu	Fri - At the rate of \$
July 14 th to 18 th All week	x Part-time - Mor	Tue	Wed	Thu	Fri - At the rate of \$
July 21st to 25th All wee	ek□ Part-time - Mor	Tue	Wed	Thu	Fri - At the rate of \$
July 28 th to 1 nd All week	k 🗌 Part-time - Mor	n Tue	Wed	Thu	Fri - At the rate of \$
Aug 5 th to 8 ^{th (4)} All week	k Part-time - ***	* Tue	Wed	Thu	Fri - At the rate of \$
☐ Aug 11 th to 15 th ☐ All weel	k 🔲 Part-time - Mor	Tue	Wed	Thu	Fri - At the rate of \$
Aug 18th to 22nd All week	k Part-time - Mo	n Tue	Wed	Thu	Fri - At the rate of \$
☐ Aug 25 th to 29 th ☐ All wee	k Part-time - Mo	n Tue	Wed	Thu	Fri - At the rate of \$
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orms of Payment: Email N	Money Transfer In	terac	Oth	er	
arent / Guardian Signature:					
otes:					
	THE FOLLOWIN				
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