

# Literacy Adventure Camp ~ Summer 2010

## Guardian / Medical Information

RETURN TO SCHOOL BY FRIDAY, JUNE 11<sup>TH</sup>

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### SESSION INFORMATION

Name of Student: \_\_\_\_\_

School: \_\_\_\_\_

Current Teacher: \_\_\_\_\_

Current Reading Level (teacher to complete): \_\_\_\_\_

Camp Location preferred:  St. Anthony's, Kincardine

September 2010 Grade:  Gr. 1  Gr. 2  Gr. 3  Gr. 4

Please sign child up for: Session 1:  August 16-20, 2010

Session 2:  August 23-27, 2010

Payment:  \$30.00

\$60.00

Cheques should be made payable to the **Bruce-Grey CDSB** and returned, with this form, to classroom teacher

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### PARENT INFORMATION

Parent/Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell Telephone: \_\_\_\_\_

Allergies/Medical Concerns: \_\_\_\_\_

In case of emergency, please contact:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Student Health Card #: \_\_\_\_\_

This info is required before your child will be accepted into the program.

I give permission for my child's photo and/or work to be published or displayed by the Bruce-Grey Catholic District School Board, including publication in various mediums, such as web, print and news media.

Signature: \_\_\_\_\_