

**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. Joseph's, Port Elgin  
   Mother Teresa, Walkerton

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

Please sign child up for:   Session 1:    August 9-13, 2010  
  Session 2:    August 16-20, 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: \_\_\_\_\_