St. Basil's Literacy Adventure Camp
~ Summer 2010 ~
Guardian / Medical Information
RETURN TO SCHOOL BY FRIDAY, JUNE 11TH

SESSION INFORMATION

Name of Student: _____

School: _____

Current Teacher: _____

Current Reading Level (teacher to complete): _____

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: _____