

Aug 10-14 _____

Excalibur ADHD Association

Aug 17-21 _____

Please tick one or both.

Application for Summer Camp-Dartmouth

Student's Name: _____ **D.O.B.** _____

Home Address: _____

Fam.Member: **Non-member** _____

Prov. _____ Street _____ City _____
Postal Code _____ Home Phone _____

Email: _____

Other siblings attending this camp: _____

1. _____ 2. _____ 3. _____

Mother's Name: _____ **Father's name:** _____

Home Phone: _____ **Home Phone:** _____

Cell Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Work Phone:** _____

Employed by: _____ **Employed by:** _____

Email: _____ **Email:** _____

Other than Parent _____

Emergency Contact 1: _____ **Home Phone:** _____

Relationship to child _____ **Cell Phone:** _____

Emergency Contact 2: _____ **Home Phone:** _____

Relationship to child _____ **Cell Phone:** _____

Family Doctor: _____ **Phone:** _____

The following people (other than me) may pick up my child from the Excalibur Summer Camp:

1. _____ **Phone:** _____

2. _____ **Phone:** _____

1. I am requesting the enrollement of my child listed above in the Excalibur Saturday Day Camp.
2. I give permission to take my child to any doctor in case of emergency.
3. I agree to pay for the Summer Camp (Excalibur Fam. Memb. \$100.00 non-Member \$120.00)per week for the week/s indicated above, when I submit this application.
4. All cheques are payable to: Excalibur ADHD Association; mail to: 32 Dundas Street, Dartmouth, NS, B2Y 2T9 with the
5. or send an Electronic Transfer to ex.info@excaliburadhd.org; email the application with password to the same email address.
6. Please, add "**Summer Camp**" in the Subject.

Signed by: _____ **Date:** _____