

# Excalibur ADHD Association

## Application for Saturday Camp-Dartmouth

**Student's Name:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

---

**Home Address:** \_\_\_\_\_

Excalibur \_\_\_\_\_

Fam.Member:  \_\_\_\_\_ **Street** \_\_\_\_\_ **City** \_\_\_\_\_

Non-member  \_\_\_\_\_

---

Prov. \_\_\_\_\_ 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 Saturday Day 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 Day Camp \$70.00 (Excalibur family-member), all others \$80.00, when I submit this application.

OR I will pay \$70.00 for adding Family POP (Excalibur family-member), all others \$80.00. Additional children see website.

4. All cheques are payable to: Excalibur ADHD Association; mail to: 32 Dundas Street, Dartmouth, NS, B2Y 2T9 with the application.

5. or send an Electronic Transfer to ex.info@excaliburadhd.org; email the application with password to the same email address.

6. Please, add "**Saturday Camp**" in the Subject.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_