

Excalibur ADHD Association

Application for Saturday Day Camp-Dartmouth

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

Home Address: _____

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 (Fam. Memb. \$70.00 non-Member \$90.00), 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 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: _____