

PROGRAM REGISTRATION FORM

Participant Name: _____

Birth date (DD/MM/YYYY): _____ / _____ / _____ Age: _____

Phone (Home): _____ Phone (Cell): _____

Address: _____ City: _____ Postal Code: _____

Parent/Guardian Name: _____

Email: _____

Summer Day Camp	Mon	Tues	Wed	Thurs	Fri	Discount	Specialty Camp	Fee	Total
	<i>Discount applies if registered for full week</i>								
Friday, June 28					\$35				
July 2 – July 5	Holiday	\$35	\$50	\$35	\$35	-\$35	Jr. Firefighter	\$15	
July 8 – July 12	\$35	\$35	\$50	\$35	\$35	-\$50	Art	\$50	
July 15 – July 19	\$35	\$35	\$50	\$35	\$35	-\$50	Mad Science	\$75	
July 22 – July 26	\$35	\$35	\$50	\$35	\$35	-\$50	Bike Camp Home Alone	\$50 \$15	
July 29 – Aug. 2	\$35	\$35	\$50	\$35	\$35	-\$50	Superstars	\$35	
Aug. 6 – Aug. 9	Holiday	\$35	\$50	\$35	\$35	-\$35	Multi-Sport	\$15	
Aug. 12 – Aug. 16	\$35	\$35	\$50	\$35	\$35	-\$50	Brick 4 Kidz	\$60	
Aug. 19 – Aug. 23	\$35	\$35	\$35	\$35	\$50	-\$50	Kids in Kitchen	\$15	
Aug. 26 – Aug. 30	\$35	\$35	\$50	\$35	\$35	-\$50	Taekwon Do	\$20	

SWIM PROGRAM REGISTRATION REQUEST

Level	Session	Dates	Time of Program	Lessons	Fee

SWIM TEAM REGISTRATION REQUEST

Swim Team <small>* Please select preferred group</small>	<input type="checkbox"/> Group 1 M/W/F Morning	<input type="checkbox"/> Group 2 T/Th/F Morning	<input type="checkbox"/> Group 3 T/Th/F Afternoon	Program Fee \$200.00	Shirt Size: YL, AS, AM, AL _____
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AQUATIC LEADERSHIP TRAINING REQUEST

Leadership Program	Days	Session	Session Dates	Times	Fee

By checking here, you confirm that you have the required prerequisite qualifications for the Aquatic Leadership Training program. Proof of prerequisite must be provided to the instructor the first day of the program.

FOR OFFICE USE ONLY

Payment by: Cash Cheque # _____ Money Order # _____ Debit Credit Card P2P CTJS

Day Camp Package Received: YES No

Day Camp Payment Schedule: In-Full Monthly Weekly

MasterCard/VISA #: _____ Exp. Date: _____ Signature: _____