



# LEADERSHIP + LEARNING NIIBIN (SUMMER) CAMP!

Please complete and return this form to your son/daughter's school office by June 17th.

Child's Last Name	Child's First Name	Current Grade:	<input type="radio"/> Male <input type="radio"/> Female
Please circle home school: St Edward      St Hilary      Other _____		Date of Birth (yy/mm/dd) Year _____ Month _____ Day _____	
Parent/Guardian Name(s) _____ - _____	Telephone Numbers Day _____ Evening _____		Email address: _____
Home Address _____			
Emergency Contact #1	Relationship	Emergency Contact #1 Telephone during the day.	
Emergency Contact #2	Relationship	Emergency Contact #2 Telephone during the day.	
Medical Concerns - <i>Please note any allergies or physical medical concerns staff should be aware of - we will contact you for further details.</i> _____			
Dietary Restrictions - <i>Please note any dietary concerns staff should be aware of. We will serve peanut free healthy snacks.</i> _____			
Name of Person(s) authorized to pick up child at 2:00 pm other than parents:			
1. _____		Relationship: _____	
2. _____		Relationship: _____	
Parent/Guardian Signature _____		Date _____	

T-Shirt size (please circle)

X-Small (6x)

Small (7-8)

Medium (10-12)

Large (14-16)