

## SUMMER ACADEMY 2017 REGISTRATION FORM

### 1) PROGRAM REGISTER:

Financial Executives Cook (July 4 - 7) <input type="checkbox"/> K- Grade 7 (SW)	Fly over the Globe (July 31 - August 4) <input type="checkbox"/> K- Grade 2
Little Biologist & Marine Life (July 10 - 14) <input type="checkbox"/> K- Grade 7	World Geography (July 31 - August 4) <input type="checkbox"/> Grade 3 - 5
Public Speaking Club (July 17 - 21) <input type="checkbox"/> K- Grade 7	Culture around the world (July 31 - August 4) <input type="checkbox"/> Grade 6 - 7
PlayWriting & Acting Club (July 24 - 28) <input type="checkbox"/> K - Grade 7	Buildings and Structures (August 8 - 11) <input type="checkbox"/> K- Grade 7 (SW)
	Success in September (August 14 - 18) <input type="checkbox"/> K- Grade 7
After Camp Care (4-5 PM) (Optional): <input type="checkbox"/>	*SW: Short Week

### 2) STUDENT INFORMATION:

Current Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female  
(First) (Middle Initial) (Last) (Date/Month/Year)

Address : \_\_\_\_\_  
(Apt.) (Street) (City) (Postal Code)

### 3) FATHER INFORMATION:

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

### 4) MOTHER INFORMATION:

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

### 5) MEDICAL INFORMATION:

Physical Limitations? \_\_\_\_\_ Medications: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

(Cheque Payable to JPLDATA LTD.) Mailing Address: 205 - 223 West Broadway. Vancouver, BC. V5Y 1P5

**FOR OFFICE USE ONLY:**

No. of weeks register \_\_\_\_\_ X \$155/\$175 + After Camp Care \$100 X \_\_\_\_\_ Total fee: \_\_\_\_\_

Deposit \$100 receive:  Yes  No Receive by: \_\_\_\_\_