



**Fun in French**  
Application Form

|                     |                      |                        |                       |
|---------------------|----------------------|------------------------|-----------------------|
| <i>Child's Name</i> | <i>Date of Birth</i> | <i>Grade Completed</i> | <i>Child's Gender</i> |
|                     |                      |                        |                       |

|                |             |                    |
|----------------|-------------|--------------------|
| <i>Address</i> | <i>City</i> | <i>Postal Code</i> |
|                |             |                    |

*Email Address*

|                                 |                   |                   |                   |
|---------------------------------|-------------------|-------------------|-------------------|
| <i>Parent 1 /Guardian Names</i> | <i>Home Phone</i> | <i>Work Phone</i> | <i>Cell Phone</i> |
|                                 |                   |                   |                   |

|                                 |                   |                   |                   |
|---------------------------------|-------------------|-------------------|-------------------|
| <i>Parent 2 /Guardian Names</i> | <i>Home Phone</i> | <i>Work Phone</i> | <i>Cell Phone</i> |
|                                 |                   |                   |                   |

|                          |                          |                              |
|--------------------------|--------------------------|------------------------------|
| <i>Emergency Contact</i> | <i>Emergency Phone #</i> | <i>Relationship to Child</i> |
|                          |                          |                              |

|                           |  |  |
|---------------------------|--|--|
| <i>Health Insurance #</i> | <i>My child has allergies</i>  | <i>My child has an EPIPEN</i>  |
|                           | <input type="checkbox"/> <i>yes</i> <input type="checkbox"/> <i>no</i> | <input type="checkbox"/> <i>yes</i> <input type="checkbox"/> <i>no</i> |

*List of Allergy Information*

|  |                                    |
|--|------------------------------------|
| <i>Medical Concerns</i>  | <i>Details of Medical Concerns</i> |
| <input type="checkbox"/> <i>yes</i> <input type="checkbox"/> <i>no</i> |                                    |

| <i>Date</i>                             | <i>Option A (9 AM - 4 PM)</i> | <i>Option B (8 AM -5:30 PM)</i> | <i>Total:</i> |
|---|-------------------------------|---------------------------------|---------------|
| <i>June 25th - June 29th</i>            | <i>\$190</i>                  | <i>\$240</i>                    |               |
| <i>July 2nd - July 6th</i>              | <i>\$190</i>                  | <i>\$240</i>                    |               |
| <i>July 9th - July 13th</i>             | <i>\$190</i>                  | <i>\$240</i>                    |               |
| <i>July 16<sup>th</sup> - July 20th</i> | <i>\$190</i>                  | <i>\$240</i>                    |               |
| <i>July 23rd - July 27<sup>th</sup></i> | <i>\$190</i>                  | <i>\$240</i>                    |               |
| <i>July 30th - August 3rd</i>           | <i>\$190</i>                  | <i>\$240</i>                    |               |
|   | <b><i>Grand Total</i></b>     |                                 |               |

**If you have a child who is 4 or 5 years old, please indicate if you would like them to be in the group that has a nap after lunch.**

- Yes, I would like my child to be in the group that has a nap after lunch.**
- No, I do not want my child to be in the group that has a nap after lunch.**

*Child pick-up Authorization: Please note that your child can only be released to the people on the list below. Individuals are asked to bring a piece of identification.*

|  |  |
|--|--|
|  |  |
|  |  |

*Authorization*

*I, \_\_\_\_\_ authorize my child \_\_\_\_\_ to participate in the activities that are a part of the Summer Camp Program at Westboro Academy. I give my child permission to go to the Brewer Arena, Brewer Park & Brewer Water Park. I agree that Westboro Academy, its employees, directors or agents will not be held liable for any injury to my child howsoever caused. Further, Westboro Academy, its employees, directors and agents are not to be held responsible for any loss to my child's belongings. I authorize Westboro Academy to take photographs of my child named in this application during camp activities and to display and otherwise use these photographs without charge solely for the purpose of promotional material in connections with Westboro Academy.*

*I understand that Westboro Academy must receive full payment by cheque within 5 business days of having submitted the application online, in order for my application to be accepted. Please send cheques to : Westboro Academy, 200 Brewer Way, Ottawa, K1S 5R2 / ATT: Kim Bourgeois*

*No refunds for cancellations on or after June 15th, 2012. Cancellations before June 14th, 2012 will be subject to a \$50 administration fee per child for each week registered.*

*Parent/Guardian Name:*

*Parent/Guardian Signature:*

*Date:*

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