



Le Club Child Care Program

CHILDREN COME FIRST

www.le-club.ca

SUMMER CAMP REGISTRATION FORM 2024

Personal Information

Child's Full Name: _____ Date of Birth: _____

Address (Including Postal Code) _____

Home #: _____

Qualified for Fee Assistance

Parent/Guardian

Full Name _____

(✓) If Address is same as above

Address (Including Postal Code) _____

Employer Name _____

Address (Including Postal Code) _____

Business # _____

Cell # _____

Email _____

Parent/Guardian

Full Name _____

(✓) If Address is same as above

Address (Including Postal Code) _____

Employer Name _____

Address (Including Postal Code) _____

Business # _____

Cell # _____

Email _____

Emergency Contact (other than Parents):

Name: _____ Relationship to Child: _____

Address (Including Postal Code) _____

Home Tel: _____ Work Tel: _____

Authorization to Pick-up

Name: _____ Home #: _____ Work#: _____

Name: _____ Home #: _____ Work#: _____

Allergies or Food Restrictions (Please See Health Form)

Parent/Guardian Signature _____ Date _____