



# Le Club Child Care Program

CHILDREN COME FIRST

www.le-club.ca

## SUMMER CAMP REGISTRATION FORM 2025

### Personal Information

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(YYYY/MM/DD)

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/Guardian):

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 \_\_\_\_\_