



**Iqaluit Winter Break Camp**  
**February 15<sup>th</sup>-19<sup>th</sup> 2016**



**Child Information**

Name: \_\_\_\_\_

D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_ Age: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

House # \_\_\_\_\_ Box # \_\_\_\_\_ Phone# \_\_\_\_\_

*Confidential Medical Information*

\_\_\_\_\_  
Health Care Number

**Medical History**

Allergies YES \_\_\_\_\_ NO \_\_\_\_\_

If yes please describe \_\_\_\_\_

Medications YES \_\_\_\_\_ NO \_\_\_\_\_

If yes please describe \_\_\_\_\_

Additional Information \_\_\_\_\_

**Contact Information**

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Phone # (W)

\_\_\_\_\_  
Phone # (H)

\_\_\_\_\_  
Email

\_\_\_\_\_  
Alternative Contact

\_\_\_\_\_  
Phone # (W)

\_\_\_\_\_  
Phone # (H)

**Registration Information**

**\*All fees are due upon registration**

Registration fee \$75 /child (\$30 for each additional child in a family)

Supervision during Lunch Hour (\$5.00/day- Parents must provide a lunch for their child)

Please check the day of the week your child will be staying at camp for lunch

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

**Total amount:** \_\_\_\_\_

CASH

CHEQUE

VISA

MASTERCARD

\_\_\_\_\_  
Paid

\_\_\_\_\_  
Date