



2010 Music in Motion Summer Day Camp

Registration Form

PARTICIPANT / FAMILY INFORMATION — Please print clearly

Note: Each child must have their own registration form

Participant's Last Name	Participant's First Name	Birth Date (dd/mm/yy) / /	Sex M <input type="checkbox"/> F <input type="checkbox"/>
Adult/Parent/Guardian's Last Name	Adult/Parent/Guardian's First Name		Sex M <input type="checkbox"/> F <input type="checkbox"/>
Family Address		Apt/Unit #	Postal Code
<input type="checkbox"/> St. Catharines <input type="checkbox"/> Mt. Vernon	Home Phone #		Email
Male Guardian's Business Phone #	Male Guardian's Cell Phone #	Please indicate allergies/medical conditions or special needs for the participant:	
Female Guardian's Business Phone #	Female Guardian's Cell Phone #		

Please indicate desired session

Session 1: July 5—9	St. Catharines	Session 2: July 19—23	Mount Vernon
Full Day: 9:00 AM—4:00 PM		Full Day: 9:00 AM—4:00 PM	
Morning Session: 9:00 AM—1:00 PM		Morning Session: 9:00 AM—1:00 PM	
Afternoon Session: 12:00 PM—4:00 PM		Afternoon Session: 12:00 PM—4:00 PM	
Before care: 8:00 AM—9:00 AM		Before care: 8:00 AM—9:00 AM	
After care: 4:00 PM—5:00 PM		After care: 4:00 PM—5:00 PM	

