



Khalsa Community School

69 Maitland Street, Brampton, ON, L6S 3B5
Telephone 905-791-1750, Fax 905-458-9133

March Break Camp Application

Name: _____

Female () Male ()

Date of Birth ____/____/____

Address: _____

City: _____

Postal Code: _____

State: _____

Mother's Name: _____

Father's Name: _____

Home Phone: _____

Business Phone (Mother) _____

(Father) _____

Do you attend Khalsa School: Yes ___ No ___

Grade _____

Emergency Contact (Other than parent or guardian)

Name

Phone

Relationship

Ontario Health Card Number _____

Any Medical Condition:
(allergies etc.)

We give permission to our Son / Daughter to participate in all planned activities / field trips or other March Camp sponsored activities. We acknowledge that we have counseled our child to follow school policies to maintain the expected behaviour.

Signature of Parent / Guardian

Date

Office use only:

Fee: _____ Cash _____ Cheque _____ Receipt No. Issued _____