

## **Khalsa Community School**

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

## **Summer Sports Camp Application**

Name:			
Female ( ) Male ( )	D	eate of Birth/	
Address:	Ci	ity	
Postal Code:	Pr	rovince:	
Mother's Name	Fa	ather's Name	
Home Phone	Ce	ell/Business Phone (Mother)	
Do you ottend Wholes Comm	unity Cahaal, Vaa	(Father)	
Do you attend Khalsa Commu	·	NO	
School Grade completed in Ju	ine		
Emergency Contact (Other th	an parent or guardia	n)	
Name	Phone	Relationship	-
Ontario Health Card Number:	:		
Any Medical Condition: (allergies etc.)			
Attending First Two Weeks	Attending Sec	cond Two Weeks Attending All Wee	eks
	ties. We acknowledg	icipate in all planned activities/ field trip ge that we have counseled our child to fo	
Signature of Parent / Guardian			
	n	Date	
Office use only:	n 	Date	