

Khalsa Community School

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

Summer Youth Awareness Camp Application

Name:		
Female () Male ()		Date of Birth/
Address:		City
Postal Code:		Province:
Mother's Name		Father's Name
Home Phone	_	Cell/Business Phone (Mother)
Do you attend Khalsa Commu	nity School:	Yes No
School Grade completed in June Emergency Contact (Other than parent or guardian)		
Name	Phone	Relationship
Ontario Health Card Number:		
Any Medical Condition: (allergies etc.)		
☐ Attending 1 st Week ☐ Attending 2 nd Week ☐ Attending 3 rd Week ☐ Attending 4 th Week ☐ Attending 5 th Week ☐ Attending 6 th Week ☐ Attending all Weeks ☐ Bus Service		
We give permission to our Son / Daughter to participate in all planned activities/ field trips or other Summer Break 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 Bus Fee C	ash	Cheque Receipt No. Issued