



Khalsa Community School

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

Winter 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 Community School: Yes ___ No ___

Grade _____

Emergency Contact (Other than parent or guardian)

Name	Phone	Relationship
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Ontario Health Card Number _____

Any Medical Condition: _____
(allergies etc.) _____

Attending 1st Week Attending 2nd Week Attending both Weeks

We give permission to our Son / Daughter to participate in all planned activities or other Winter 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: _____ Cash _____ Cheque _____ Receipt No. Issued _____