



Thames Campus For Kids

1001 Grand Ave W Chatham ON N7M 5W4
 Ph 519-354-9100 ext 3280 Fax 519-354-3436
 campusforkids.ca

Registration Form

*Please keep a copy of this form
 for your personal reference.*

Child's last name (please print) _____ First name _____ Middle name _____ Date of birth (mm/dd/yy) _____

Child's S.I.N. (if they have one) _____ How did you learn about *Campus For Kids*? _____ Is this your first time at *Campus For Kids*? _____

Your Street address _____ City/Town _____ Postal code _____ Home phone number _____ Your contact email address _____

Parent name(s) + personal phone numbers. _____ Please circle first personal contact number we are to call after trying home number.

Alternate contact name(s) + phone numbers. _____ This is who we call if we are unable to contact parents in case of an emergency.

Who will be picking up your child? _____ Alternate person(s) authorized by you to pick up your child. _____ We need to know if a different person is picking up your child.

Medical and Health Does your child have allergies, take medications, or have other health issues we need to be aware of. If there is not enough space provided here, please attach more info and check this box [].

<u>Event Date(s)</u> eg July 2-6	<u>Event Name</u> eg Aviation Camp	<u>Event Course Code Number</u> (please check all digits carefully)	<u>Time of Day</u> eg morning 9-12 AM	Cost
			Total Cost →	

Method of Payment (please circle) Cash Amex MasterCard Visa Cheque

Card Number _____ Expiry Date _____

Name of Card Holder _____ 3-Digit Code _____

Signature of Card Holder _____ Date _____

*If this registration is being sponsored, we will need a **letter of authorization from the sponsoring agency**.*

Yes, this registration is being sponsored by _____ (name of agency).