



2010 REGISTRATION FORM



French Immersion Summer Camp

FAX:905-841-6940

Complete ONE registration form per child. Please provide a cheque payable to YCDSB or pay by VISA. Receipts will be mailed upon completion of program.

NO REFUNDS will be issued after the first class. Cheques or Visa payments will be processed after the program start date.

Registration Options: 1. Deliver or mail to the Adult & Continuing Education Dept., 320 Bloomington Road W., Aurora ON L4G 0M1

2. Fax form to (905) 841-6940

TO AVOID CLASS CANCELLATIONS DUE TO LOW ENROLMENT, ALL REGISTRATION FORMS ALONG WITH PAYMENT, MUST BE RECEIVED BY OUR DEPT PRIOR TO THE CLASS START DATE. TRANSPORTATION IS NOT PROVIDED.

PLEASE NOTE: This program is offered to YCDSB students who will be entering Grade 1 French Immersion in Sept. 2010.

9:30 - 11:30 am

COST: \$85

July 5 -15 (Mondays to Thursdays)

SUMMER SCHOOL LOCATION: _____

Surname: _____ Date of Birth: D _____ M _____ Y _____

First Name: _____ Sex: M _____ F _____

Address: _____ City: _____

Postal Code: _____ Tel:Home _____

Bus: _____ Email address: _____

Present School: _____

Emergency Info Name: _____ Relationship: _____

Tel: Home _____ Bus: _____

Medical conditions or allergies: _____

EPI-PEN required: Yes No

<p>Payment Option: Cheque</p> <p>All cheques should be made payable to the <u>York Catholic District School Board</u> and must be submitted along with the registration form prior to the start date.</p> <p>Post-dated cheques will not be accepted. There is an NSF cheque charge of \$25.</p>	<p>Payment Option: VISA ONLY</p> <p>VISA Card Number: _____</p> <p>Expiry Date: M _____ Y _____ Total \$ 85</p> <p>Name as appears on card: _____</p> <p>Cardholder's Signature: _____</p>
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Freedom of Information: Personal Information on this form is collected under the authority of the Education Act, R.S.O. 1990, c. E.2., and the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. c.M. 56 and will be used by the Adult and Continuing Education Department and the principals and teachers of the applicable School Centre. These forms will be confidentially disposed of at the conclusion of the program.

Parent/Guardian Signature: _____