

CHILD'S GENERAL INFORMATION

Coptic Orthodox Patriarchate Diocese of Mississauga, Vancouver and Western Canada Saint Mina's Coptic Orthodox Church - Hamilton, Ontario, Canada

пінайпатріархнс йребихныі йорооΔоξос пінайепіскопос йте місісаха нем фанкотфер нем пемент йте канаДа †еккЯнсіа йте піачіос авва Uhna - eamiAton, ontapio, kanaДa بَعْلُ يَرْكِيَّهُ الْأُوْيُوذُكَسَ – إِيَّارِشِيةً مِسِيسَاجًا وَفَالْكُوفَى وَغَرْبُ كُنَّدا كَيْسَتِ الشَّهِيدِ الْتَعْلِيمِ عَارِمِينًا الْعَجَابِي – عَامِيلُون، أُوْتَارِين كَنْدا



Summer Camp 2019 Registration Form

Name		
Birth Date (MM/DD/YYYY)	Age	Grade
Doctor's Name	Doctor's Phone	Does Your Child Have Any Allergy? (If YES, Please Specify)
Does Your Child Have A Development and/or Physical Challenge(s) (If YES, Please Specify)	Does He or She Require One-on-One Care?	
Is Your Child Taking Any Medication? (If YES, Please Specify)		
PARENT/GUARDIAN INFORMATION		
Full Name	Email Address	
Street Name & Number	City/Province	Postal Code
Home Phone	Cell Phone	Work Phone
Other Parent/Guardian Contact Name		Cell Phone
Please Check ALL Weeks Required	ug 6-9 Aug 12-16 Aug 19-23 Aug 26-30	Weekly Rate 9am to 5pm: \$150 Weekly Rate 7am to 7pm: \$200 Daily Rate 9am to 5pm: \$40 Daily Rate 7am to 7pm: \$50 Discount for Additional Sibling: 10% Discount for Parent Volunteer: 30%
EMERGENCY CONTACTS & INFORMATION (OR IF SOMEONE OTHER THAN PARENT IS PICKING UP)		
Primary Contact's Name	Cell Phone	Other Phone
Secondary Contact's Name	Cell Phone	Other Phone
I give permission for my child	to be taken to the hospital in spital. I understand that every effor	case of an emergency, and consent t will be made to contact me in the
Signature of Parent/Guardian:	Date Signed:	
* Please submit filled forms to church reception or email it directly to summercamp@stminahamilton.ca by Sunday, March 31, 2019 * For any inquiries, please contact us at: +1.647.973.2625 or email us at summercamp@stminahamilton.ca		