



Leduc #1 Energy Discovery Centre

Circle Date Attending:

July 26th

August 14th

Child Information

Name: _____

First

Last

Phone Number: _____ Date of Birth: _____

MM/DD/YY

Address: _____

City/Town

Province

Healthcare Number: _____

Registration

Cost: \$40/child per day

Payment Method (check one) _____ Cash _____ Visa _____ Master Card

Register: By Phone: 780-987-4323 By Fax: 780-987-4365 By Email: info@leducnumber1.com

Guardian Information

Guardian Name: _____

First

Last

Phone Number: _____

Alternative Emergency Contact Name: _____

First

Last

Phone Number: _____

FOIP

We may take pictures throughout the day. In accordance with the Freedom of Information and Protection of Privacy Act, do you authorize us to take photos of camp activities that include your child and to use them in promotional materials?

_____ Yes

_____ No

Signature: _____

Date: _____