



LEDUC #1
ENERGY DISCOVERY CENTRE
2017 REGISTRATION FORM
JUNIOR ROCK-HOUNDS

Camps Hours: 9:30 am – 3:30 pm



Date Attending (Please circle)

Ages 6 - 12

July 18

July 20

August 15

August 17

CHILD INFORMATION

Name: _____

First

Last

Home Phone: _____ Date of Birth: _____

MM/DD/YR

Address: _____

Town/City

Healthcare Number: _____

Please list any medical conditions, allergies or any other relevant information we should know.

REGISTRATION FEE

Cost = \$40 per child/day

Payment method (check one): Cash Visa MasterCard

Register:

By phone: 780-987-4323

By fax: 780-987-4365

By email: info@leducnumber1.com

Registration will not be considered complete until paid in full.

PARENT/LEGAL GUARDIAN INFORMATION:

Father/Mother: _____

Home Phone: _____ Cell: _____ Work: _____

Emergency Contact: _____

Name

Relation

Phone

We will be taking pictures throughout the day. In accordance with the Freedom of Information and Protection of Privacy (FOIP) Act, do you authorize us to take photos of Camp day activities that include your child and to use them in the promotion of future day camps and education programs?

Yes No Signature _____ Date _____