



LEDUC #1
ENERGY DISCOVERY CENTRE
2017 REGISTRATION FORM
MAD PETRO-SCIENTIST

Camps Hours: 9:30 am – 3:30 pm



Date Attending (Please circle)

Ages 6 - 12

July 4 July 6 July 25
August 1 August 3

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 _____