

Registration Form - 2018/19 EDventures Day Camps

Child's Name:		Grade Level:	
Birth Date: (DD/MM/YYYY)		Gender:	Male Female
Parent/Guardian Name(s):			
Email Address(s):			
Home Phone #:		Cell Phone #:	Work #:
Home Address:			
Emergency Contact Name:		Phone #(s):	
Allergies & Medication:			
Health Card #:		Expiry Date:	

Please select the dates you would like to register for:
<input type="checkbox"/> Friday, Oct 26
<input type="checkbox"/> Thursday, Nov 8
<input type="checkbox"/> Dec 10-14 Mon Tues Wed Thurs Fri
<input type="checkbox"/> Dec 17-21 Mon Tues Wed Thurs Fri
<input type="checkbox"/> Thursday, Feb 21
<input type="checkbox"/> Mar 19-23 Mon Tues Wed Thurs Fri
<input type="checkbox"/> Mar 26-30 Mon Tues Wed Thurs Fri
<input type="checkbox"/> Thursday, May 2

Please complete and return form to:
Newbridge Academy
361 John Savage Ave,
Dart NS, BJB 0J3
Fax: 902.252.3108
Email:
programs@newbridgeacademy.ca

Please calculate the total payment amount for days/weeks registrations:

Total # of full weeks: _____ x \$185 = \$ _____

Total # of separate days: _____ x \$45 = \$ _____

Total Payment Amount: \$ _____

Payment Type: DEBIT CASH CHEQUE VISA/MC

Credit Card #: _____

Expiry Date: _____

Signature of card holder: _____

