



Summer Course Application Form

**PLEASE RETURN COMPLETED FORM AND PAYMENT TO:
CAMP TAMARACK, 160 Steeprock Drive, Toronto, ON M3J 2T4**

Course Selection

Please choose from the following:

- Grade 9 Outdoor Activities PAD10
- Grade 10 Outdoor Activities PAD20
- Grade 11 Outdoor Activities PAD30

Student Information

Last Name	First Name	Middle Name	Gender
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Address	City	Postal Code	Home Phone
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Cellular Phone	Email Address	Date of Birth	O.E.N. Number
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Name and Address of Day School (as of September 2010)

Session attending Camp Tamarack: July 2-August 19, 2010 July 29 – August 19, 2010

Parent/Guardian Information

Mother/Female Guardian:

Father/Male Guardian:

Last Name	First Name
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Last Name	First Name
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Full Address (if different from student)

Full Address (if different from student)

Home Number	Cellular Number
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Home Number	Cellular Number
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Email Address	Work Number
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Email Address	Work Number
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Parent Questionnaire

Please circle the appropriate answer.

- 1. Has your child been diagnosed as having a learning disability? Yes No
If yes, explain:

- 2. Has your child been diagnosed as having an emotional or behavioural disorder? Yes No

- 3. Is your child currently taking any medication? Yes No

If yes, what type(s)?

- 4. Is your child currently receiving counseling? Yes No
If yes, explain:

- 5. Has your child ever been suspended or expelled from school? Yes No
If yes, explain:

- 6. Does your child have a criminal record? Yes No

- 7. Does your child have any health concerns? Yes No
If yes, explain:



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**PLEASE RETURN COMPLETED FORM AND PAYMENT TO:
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Payment Information:

Full Balance Owing: \$ _____

Payment Option: VISA, MASTERCARD, CHEQUE (made payable to Camp Tamarack), CASH

For Visa/MasterCard Payment, Please complete:

Visa/MasterCard Number: _____

Expiry Date: _____

Name of Visa/MasterCard Cardholder: _____

Signature of Cardholder : _____

Date: _____