

REGISTRATION FORM

Child's Name	# of weeks	Extended week (Y or N) or Specify Day	Camp Dates Specify French or English	Age	Half Days Or Full Days	Cost

If using extended care, time of arrival: _____ time of departure: _____ Total Cost: _____

Mother's Name: _____ Father's Name: _____

Address: _____ City, Postal Code: _____

Home Phone # _____ Alternate Phone (s) # _____

E-mail address (optional): _____ Child's School: _____

Would you like a tax receipt? _____ To whom _____

Health Concerns/allergies/medication: _____

Medicare #: _____ Expiry date: _____

Please contact in case of Emergency: _____ Phone #: _____

Relationship: _____

Person/people who will be picking up your child after camp: _____

Signature: _____ Date: _____

The form and payment should be sent to Mad Science of the Maritimes, 33 Dunvegan Court, Moncton, NB, E1E 4K1

A registration cannot be confirmed unless accompanied by a cheque payable to Mad Science.

Please send your child to camp with a **lunch and snacks, a hat and sunscreen.**

ALL camps are NUT-FREE