

Kids Connection Care and Education



March Break Camp 2015 Registration Form

Name of child: _____ Date of Birth _____

Does your child have any allergies: ____yes or ____no (_____)
Please indicate allergy

Parent/Guardian Information:

Parent/Guardian 1 M F

Parent/Guardian 2 M F

Name: _____

Name: _____

Home # _____

Home # _____

Work # _____

Work # _____

Kids Connection Care and Education respects the privacy of its clients, employees and volunteers and will act responsibly in the collection, handling and storage of personal information. Personal data is collected in order to better meet clients' needs to ensure safety, to inform clients of service information and to comply with any government or regulatory obligations. For more information on our privacy policy please contact the Executive Director at 905-888-0626.

**MARCH BREAK CARE REQUIRED AS FOLLOWS
(Please check any/all that apply)**

Dates	FDK	Schoolage	Centre
Monday March 16			Please indicate centre your child will attend CTK St. Monica KCRH Michaëlle Jean Carnegie Black Walnut
Tuesday March 17			
Wednesday March 18			
Thursday March 19			
Friday March 20			

I give permission for my child _____ for participate in March Break trips accompanied by the staff of KCCE travelling by school bus.

Parent signature

Date

Enclosed is my cheque for \$ _____ payable to KCCE. (**Weekly \$200 or \$45 daily**)

For office use only

Chq # _____ Cash _____ Money order _____