CAMP CHAOS	Re	gistration Fo	rm	201	9	
CHillathood Aproxia Of Speciali						
Requested Full Day Camp:	July 8 - 12 (Ages 5 - 8	July 22 - 26 (Ages 5 - 8)		Aug 12 - :	16 (Ages	7 - 10)
Requested Half Day Camp:	July 15 - 19 (Ages 3 - 4)	July 29 - Aug 2 (Ages 3 - 4	$\equiv$	am [	) pm	both
т, т, т,	<b>,</b>	, , ,			,	
	Personal	Information				
Child's Full Name:		Preferred Name:				
Child's Age as of July 1, 2019:		Child's Sex:	$\Box$	Female		Male
Child's Birthday	Day:	Month:	Year:	:		
Parent's Full Name(s):						
Home Address:						
City:	Province:	Posta	al Code:			
Home Phone:		Cell Phone:				
Email:						
	Emergency Co	ntact Information				
	zimengemey do					
Name:						
Home Phone:		Cell Phone:				
	Medical	Information				
Child's Healthcare Number:						
Immunizations up to date?				Yes		No
Does the child have any allergies?	? List Here:		0	Yes		No
	Can	np Fees				
Calgary Apraxia Parent Exchange		•	tial the	rany costs	alroady	CO WO
strive to keep our camp fees to a are a concern for your family pleases are payable by Electronic Mo	minimum. Full day camp fee ase contact us as we have ge	es are \$150/child and half da nerous donors able to dona	y camp te the o	os are \$75, camp fees.	child. If	camp fees
				- ' '		
	Family BBQ the la	st afternoon of Camp				
How many adults do you anticipa	ite coming?					

(We require help with setting up, food prep, and cleanup.)

Calgary Apraxia
Parent Exchange

How many children do you anticipate coming?

Are you able to volunteer to assist with our family BBQ?

www.CalgaryApraxia.ca

No

Yes