

RCBA Dance Camp

*Child:*

First/Last Name: \_\_\_\_\_

Sex: F / M

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

OHIP number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Extra additional important info:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Parents:*

Mother's First/Last Name: \_\_\_\_\_

Father's First/Last Name: \_\_\_\_\_

Guardian's First/Last Name: \_\_\_\_\_

Address. \_\_\_\_\_ Apt. \_\_\_\_\_ City. \_\_\_\_\_

Postal Code. \_\_\_\_\_

Home Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Session: \_\_\_\_\_

How did you hear about our program? (Circle One)

Flyer      Friend      Internet      Magazine

Other: \_\_\_\_\_

Comments:

\_\_\_\_\_

Program Fee:	Amount Paid:	Paid On:	Method:
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Date: \_\_\_\_\_

Signature: \_\_\_\_\_