



Summer Camp 2012 Registration Form

The Greenwoods Academy
1056 Klondike Rd.,
Kanata, ON K2K1X7
(613) 591-3100
info@greenwoodsacademy.com

This form must be completed, signed, and returned to The Greenwoods Academy

How did you hear about the Greenwoods Academy Summer Camp? _____

New Family Returning Family

Camper Information:

Surname: _____ Initial _____ Given: _____ M F
 Birth Date: _____ Address: _____ Prov: _____ Gender: _____
 YYYY-MM-DD City: _____ Postal Code: _____

Parents / Guardians Information:

Name: _____ email: _____
 Home Phone: _____ Mobile Phone: _____ Work Phone: _____ Ext.: _____
 Name: _____ email: _____
 Home Phone: _____ Mobile Phone: _____ Work Phone: _____ Ext.: _____

Emergency Contact Information:

Name: _____ Relationship: _____ Pick up?
 Home Phone: _____ Mobile Phone: _____ Work Phone: _____ Ext.: _____
 Name: _____ Relationship: _____ Pick up?
 Home Phone: _____ Mobile Phone: _____ Work Phone: _____ Ext.: _____

Camp Selection:

Children's Garden (CG)

Week 1 July 2 - 6	<input type="checkbox"/> Science Exploration	<input type="checkbox"/> Weekly	Daily	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Half Days	<input type="checkbox"/> Extended Care
Week 2 July 9 - 13	<input type="checkbox"/> Performing Arts	<input type="checkbox"/> Weekly	Daily	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Half Days	<input type="checkbox"/> Extended Care
Week 3 July 16 - 20	<input type="checkbox"/> Nature's Creepy Crawlies	<input type="checkbox"/> Weekly	Daily	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Half Days	<input type="checkbox"/> Extended Care
Week 4 July 23 - 27	<input type="checkbox"/> Kitchen Kids	<input type="checkbox"/> Weekly	Daily	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Half Days	<input type="checkbox"/> Extended Care
Week 5 July 30 – Aug. 3	<input type="checkbox"/> Farm Fun	<input type="checkbox"/> Weekly	Daily	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Half Days	<input type="checkbox"/> Extended Care
Week 6 August 7 - 10	<input type="checkbox"/> The World Traveller	<input type="checkbox"/> Weekly	Daily	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Half Days	<input type="checkbox"/> Extended Care
Week 7 August 13 - 17	<input type="checkbox"/> Fitness Fun	<input type="checkbox"/> Weekly	Daily	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Half Days	<input type="checkbox"/> Extended Care
Week 8 August 20 - 24	<input type="checkbox"/> The Great Outdoors	<input type="checkbox"/> Weekly	Daily	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Half Days	<input type="checkbox"/> Extended Care

I/we understand and agree to comply with the Authorization and Releases as specified by The Greenwoods Academy and all fees associated with the 2012 Summer Camp. Further, I/we understand and acknowledge that space availability is limited and provided on a first come first serve basis, and submitting this form does not imply or guarantee acceptance to Summer Camp.

Signed By: _____ Date: _____

Print Form
F2012-008-01