

# Summer Learning Program Registration Form

Wellington Catholic School Board

Dates: July 2, July 3, July 6-July 10, July 13-July 17

Schedule: 8:30 am to 1:30 pm Pick-up 1:30 pm



Please complete and return this form to your son/daughter's school office by May 15.

<b>Child's Last Name</b>	<b>Child's First Name</b>	<b>Middle Name</b>	<input type="radio"/> <b>Male</b> <input type="radio"/> <b>Female</b>
			<b>Current Grade 1 or 2 (circle)</b>
<b>Please circle home school:</b>		<b>Summer Learning Program Site - check one</b>	
St. Patrick	St. John	<input type="radio"/> St. Patrick and St. John @ St. John	
St. Joseph	St. Peter	<input type="radio"/> St. Joseph and St. Peter @ St. Peter	
St. Ignatius	St. Michael	<input type="radio"/> St. Ignatius and St. Michael @ St. Michael	
<b>Teacher</b> _____			
<b>Date of Birth (yy/mm/dd)</b>		<b>Telephone Numbers</b>	<b>Email Address</b>
_____	_____	Day _____	
<b>Year</b>	<b>Month</b>	<b>Evening</b> _____	
_____	_____	_____	
<b>Home Address</b>			
_____			
_____			
<b>Emergency Contact #1</b>	<b>Relationship</b>	<b>Emergency Contact #1 Telephone during day</b>	
_____	_____	_____	
<b>Emergency Contact #2</b>	<b>Relationship</b>	<b>Emergency Contact #2 Telephone during day</b>	
_____	_____	_____	
<b>Medical Concerns</b>			
<i>Please note any allergies or physical medical concerns staff should be aware of – we will contact you for further details.</i>			
_____			
_____			
<b>Dietary Restrictions</b> <i>Please note any dietary concerns staff should be aware of. We will serve peanut free healthy snacks.</i>			
_____			
<b>Custody</b>		<b>Relevant Custody Details:</b>	
<input type="radio"/> <b>Both Parents</b> <input type="radio"/> <b>Mother</b> <input type="radio"/> <b>Father</b>		_____	
<b>Name of Person(s) authorized to pick up child at 1:30 p.m. other than parents:</b>			
1. _____		Relationship: _____	
2. _____		Relationship: _____	
<b>Child T-shirt Size:</b> _____ XSmall 6X _____ Small 7-8 _____ Medium 10-12 _____ Large 14-16			