



Abu Bakr Education Academy Summer Camp Enrollment Form

****Please complete the following enrollment form and email it to aeasummercamp@gmail.com**

Payment will be processed in the first week of July. Once we receive your enrollment form, you will be contacted to provide your payment information.

Student Information

First Name: _____ Last Name: _____

Gender: Male Female Date of Birth: ____/____/____
DD MM YYYY

Current Age: _____ Current Grade: _____

Health Card Number: _____ Expiry Date: ____/____/____
DD MM YYYY

Name of Family Doctor/Physician: _____

Parent/Guardian Information

Name of Parent/Primary Contact: _____

Father's Name: _____ Mother's Name: _____

Marital Status: Married Divorced Separated Widowed Single

Child lives with: Both Parents Father Mother Legal Guardian

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Primary Email Address: _____

Best way to contact you? Home Phone Cell Phone Email

Emergency Contact Information

*Please provide information for one additional individual, different from the parent/guardian listed above, who would be contacted in case of emergencies.

Emergency Contact Name: _____

Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Health and Safety Information

*Please list all known health conditions so we can accommodate your child's needs accordingly

Does your child have any medical conditions, allergies, or special needs the staff should know about?:

Does your child have any behavioural or emotional issues the staff should know about?:

Is your child potty trained? (Applicable to Kindergarten students only): Yes No

Payment Information

*Please note Summer Camp enrollment fees are \$175. Once we receive this application form you will be contacted to proceed with the payment. Please indicate below your preferred method of payment.

Method of Payment: Cash Cheque Credit/Debit Card

Emergency Authorization

To the best of my knowledge, all of the information provided for the person described herein is correct. I, the undersigned, parent or guardian of the above-named individual, acknowledge that participation in certain activities may involve the risk of physical injury. I hereby release, discharge and hold harmless Abu Bakr Education Academy and its employees, camp director, volunteers and other representatives or affiliates (including without limitation the facilities and volunteers) from and against any and all claims arising out of or relating to illness, physical injury, death or other damages that may result to said individual while participating in any camp related activities. I agree that the camp or its staff will not be held responsible for lost or damaged personal property.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____