



## March Break 2017 Registration Application

The registration process:

Please **fill out the following application** and send it, along with a **\$40 non-refundable registration fee**, via e-mail or to our mailing address listed at the bottom of this page.

The fee can be sent via cheque or e-transfer to [elissa@youngminds.ca](mailto:elissa@youngminds.ca).

Once a spot is confirmed for your child, the registration fee will be credited to the cost of the camp. *All cheques should be made out to "Young Minds Educational Services Inc."*

Cheques are not cashed until space is confirmed. All applications are considered on a first-come, first-served basis.

Camp details:

- Monday, March 13- Friday, March 17, 2017
- 9:00 am – 12:00 pm
- Ages: 4-6
- \$150/week, snack included
- Located at 85 Eastwood Rd.

Child's Name (surname, given name): \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_ Male/Female: \_\_\_\_\_

Languages Spoken at Home: \_\_\_\_\_

Parent/Legal Guardian 1 (Full name): \_\_\_\_\_

Address (Street, City, Province, Postal Code): \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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### **Young Minds Early Learning Centre**

[www.youngminds.ca](http://www.youngminds.ca) [elissa@youngminds.ca](mailto:elissa@youngminds.ca) or [johanna@youngminds.ca](mailto:johanna@youngminds.ca)

Mailing Address: 85 Eastwood Rd. Toronto, Ontario. M4L 2C7

Parent/Legal Guardian 2 (Full name): \_\_\_\_\_

Address (Street, City, Province, Postal Code), if different from above: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Siblings (if applicable, names and ages): \_\_\_\_\_

Caregiver name (if applicable): \_\_\_\_\_

Emergency Contact and Health Information:

Emergency Contact's Full Name: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Relation to the child: \_\_\_\_\_

Does your child have any allergies or medical conditions? (Y/N): \_\_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Young Minds Early Learning Centre? \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_  
(Parent/Guardian 1 or 2)

Date: \_\_\_\_\_

*All information provided on this application form will remain confidential.  
By signing where indicated above, you certify that all information provided is true and complete.*

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### Young Minds Early Learning Centre

www.youngminds.ca elissa@youngminds.ca or johanna@youngminds.ca  
Mailing Address: 85 Eastwood Rd. Toronto, Ontario. M4L 2C7