

REGISTRATION FORM

International Languages (Elementary)

Language of Study:				Date of Birth	Day	Month	Year	Age Eligibility Students must be FOUR YEARS OLD by July 3, 2018
School Site:				Sex:	M	F		

Last Name (Birth Certificate):		First Name (Birth Certificate):	
Address: <small>Proof of Ontario residency is required.</small>			Apt/Unit:
City:	Province:	Postal Code:	Tel. (H):
CONTACT E-MAIL ADDRESS:			

Day School Information	Current Day School	Current Grade	School Board
			<input type="checkbox"/> Ottawa Catholic <input type="checkbox"/> Ottawa Public <input type="checkbox"/> French Public <input type="checkbox"/> French Catholic Other _____

Medical Information	List any allergies or medical condition we should be aware of: _____
	Will your child require epipen/other medication during school hours? _____

Parent/Guardian	Last Name:	First Name	Last Name:	First Name
	Tel (W):	Tel (C):	Tel (W):	Tel (C):

To be completed by IL Site Administrator/Office Assistant (Summer)			Early Drop-Off Program (8:00 am - 9:00 am)											
Indicate which Proof of Age was shown <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Report Card <input type="checkbox"/> Passport <input type="checkbox"/> Proof of address _____ <small>(Type of document submitted)</small>	\$10 Consumable/Activity Fee <small>(Payable online at conted.ocsb.ca)</small> \$95 Out-Of-Province Fee <small>(Cash, cheque* payment only)</small> Early Drop-Off Fee	Payment received by _____ Payment received by _____ Payment received by _____	(Cheque* or cash, payable on site at the beginning of each week) <table> <tr> <td>July 3 – July 6</td> <td><input type="checkbox"/> \$10</td> </tr> <tr> <td>July 9 – July 13</td> <td><input type="checkbox"/> \$15</td> </tr> <tr> <td>July 16 – July 20</td> <td><input type="checkbox"/> \$15</td> </tr> <tr> <td>July 23 – July 27</td> <td><input type="checkbox"/> \$15</td> </tr> <tr> <td>July 30 – August 3</td> <td><input type="checkbox"/> \$15</td> </tr> </table>		July 3 – July 6	<input type="checkbox"/> \$10	July 9 – July 13	<input type="checkbox"/> \$15	July 16 – July 20	<input type="checkbox"/> \$15	July 23 – July 27	<input type="checkbox"/> \$15	July 30 – August 3	<input type="checkbox"/> \$15
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July 16 – July 20	<input type="checkbox"/> \$15													
July 23 – July 27	<input type="checkbox"/> \$15													
July 30 – August 3	<input type="checkbox"/> \$15													
Grade: _____	Name of Instructor: _____													
Registered by: _____		Date: _____												

* Please make CHEQUES payable to the
Continuing & Community Education

**Completed application form
could be FAXED to
613 224-9253**

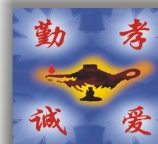
The International Languages Elementary Program is mandated and funded by the Ontario Ministry of Education. Fee will be charged to all out-of-province or International Students. Personal information collected on this form under the authority of the Ministry of Education and the MFIPPA will only be used for purposes of the International Languages Program. Please complete form thoroughly and accurately.

OTTAWA CHINESE EDUCATION ASSOCIATION

2018 SUMMER CAMP REGISTRATION

OCEA Summer Camp

Ottawa Chinese Education
Association



SESSIONS AVAILABILITY

Check the week below:

- ☐ week 1: July 3– July 6
- ☐ week 2: July 9 – July 13
- ☐ week 3: July 16– July 20
- ☐ week 4: July 23 – July 27
- ☐ week 5: July 30 – Aug 3

Total # of weeks chosen: _____

Total Amount of Payment: \$ _____

- ☐ Cash Payment
- or
- ☐ Cheque

(Payable to Ottawa Chinese Education Association)

Registration Date: _____

Parent Signature: _____

Student Photo Release Authorization

I/We hereby consent to the inclusion of any photographs of my/our child in hall displays, class projects or other promotion related to the summer camp program.

Parent Signature: _____

Date: _____

OFFICE USE ONLY

Name of Teacher: _____

Grade Level: _____ Home room#: _____

Camp Fee is Tax-deductible.

STUDENT INFORMATION

First Name: _____ Last Name: _____

Date of Birth(yy/mm/dd): _____ Age: _____ Sex: _____

Street Address: _____

City: _____ Postal Code: _____

Home School: _____ Current Grade: _____

Allergies/Medical Concerns: _____

PARENTS / GUARDIANS

1. Name: _____

Phone (home): _____ Phone(work): _____

Cell: _____ Email: _____

2. Name: _____

Phone (home): _____ Phone(work): _____

Cell: _____ Email: _____

Relationship to Student: Parent _ Guardian _ Other _

EMERGENCY CONTACT

Name: _____

Phone (home): _____ Phone(work/cell): _____