

**Kids Time Family Fun Centre
March Break 2012 (Mar 12 to Mar 23)**

Child's First Name: _____ Last Name: _____ Grade: _____

Birth date: _____ Sex: M[] F[]

Health Card Number: _____ Allergies/Illness/Treatment _____

Medications: _____

Address : _____

Home Phone Number : () _____ Email: _____

Child's First Language _____ Language(s) Spoken at Home _____

Parent/Guardian _____ Phone work _____ Home _____

Driver License: _____

Siblings Attending:

<u>First Name</u>	<u>Last Name</u>	<u>Grade</u>	<u>Sex</u>	<u>Allergies/Medical Conditions</u>

Emergency contacts

Name	Relationship to Child	Home Phone	Work Phone	Mobile
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other matters you feel we should know _____

Drop off Time: _____ **Pickup Time:** _____

I have Read and agree with Kids Time Family Fun Centre's March Break Camp Policies and Procedures.

Parent/Guardian Signature: _____ **Date:** _____ (dd / mm / yy)

Please note Kids Time will only administer food or drinks provided by parent/guardian.