



JANUS ACADEMY

SUMMER CAMP REGISTRATION FORM

Registrant Information:

| | | |
|--------------|----------------------------|-----|
| / | | |
| Last name | First name | Age |
| Home Address | | |
| / | | |
| Home Phone | Current School Attending | |
| / | | |
| Diagnosis | Alberta Health Care Number | |

Allergies: _____

Behavioral Concerns: _____

Mode of Communication : _____

Likes/Dislikes: _____

Registration: please check off (✓) which session/s you are applying/registering for

| | | |
|---|--------------------------|-----------------|
| Session 1: July 5 to July 16 | <input type="checkbox"/> | \$960.00 |
| Session 2: July 19 to July 30 | <input type="checkbox"/> | \$960.00 |
| Session 3: August 3 to August 13 | <input type="checkbox"/> | \$866.00 |

Total: _____

