

SCIENCE CAMP



Elephant Thoughts

Registration Form

For: _____, _____ yrs. (child's name & age)

Program Date: _____ Location: _____

Parent Name: _____ Phone: _____

Alternate Contact Name : _____ Phone : _____

Email Address: _____ (to be notified of program changes, future PA Day and Camp dates and other cool Elephant Thoughts initiatives for kids)

Please outline any health concerns or special needs your child might have:

OHIP #: _____

Although Elephant Thoughts takes extreme pride, care, and measures to deliver an absolutely exceptional program while at the same time adhering to the most stringent codes of safe practice, by signing this permission form and allowing your child to participate in this program, you agree that you can not hold liable Elephant Thoughts Global Development Initiatives, its Directors, Volunteers, or Employees, nor hosting Schools and their representatives for any injury, loss of property, or anything else, due to accident, inappropriate behaviour on the part of the children, or for any other reason whatsoever .

I give my child permission to attend the Elephant Thoughts program.

Signed _____ Date _____

Payment Method: (please circle one)

VISA MASTERCARD CASH

Credit Card Info: _____ - _____ - _____ - _____ exp ____ / ____

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