



THE GILES SCHOOL
L'ÉCOLE GILES

Summer Camp Application Form 2010

80 Scarsdale Road . Toronto . Ontario . M3B 2R7 . t 416.446.0825 f 416.446.0846 info@gilesschool.ca www.gilesschool.ca

Child Information (Please use a separate form for each child)

First Name _____ Middle Name _____ Last Name _____

Current Grade _____ Age _____ Gender _____

OHIP #: _____

Home Address _____

Home Number _____

Family Information

Mother's Name _____ Mother's Email _____

Father's Name _____ Father's Email _____

Mother's Work Phone _____ Cell Phone _____

Father's Work Phone _____ Cell Phone _____

Number of Students registering in your family _____

Please check your desired session(s) and time(s):

Session 1 - June 28th - July 9th Morning Afternoon Full Day

Session 2 - July 12th - July 23rd Morning Afternoon Full Day

Session 3 - July 26th - August 6th Morning Afternoon Full Day

Please complete this form and return with a deposit of \$250 per student before June 1, 2010 to:

The Giles School
80 Scarsdale Road
Toronto, ON M3B 2R7
416.446.0825