

La Muse

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Registration Form for Children's Summer Camps

Please select camp or camps

- July 5th to 9th, Le Monde Fantastique
 July 12th to 16th, Le Cirque

Payment Amount: _____ Payment Method cash cheque Visa MC Amex Debit
Credit Card #: _____ Expiry Date: _____
Name on Card: _____ Security Code: _____

Child's Last name: _____	First name: _____
Address: _____	
Phone#: _____	
Age: _____	Date of birth: _____
Ohip#: _____	
Name of doctor _____	Phone# _____

Name of parent/guardian #1: _____	
Address: _____	
Phone No. home: _____	work: _____
cell: _____	
E-mail: _____	
Name of parent/guardian #2: _____	
Address: _____	
Phone No. home: _____	work: _____
cell: _____	
E-mail: _____	
Name of Emergency contact: _____	
Phone No. home: _____	work: _____
cell: _____	
Relationship to child: _____	

Persons authorized to pick up child: _____

Are there any custody details we should be aware of: yes _____ no _____
If yes, describe: _____
Does your child require special medical attention: yes _____ no _____
If yes, describe: _____
Does your child have any allergies: yes _____ no _____
If yes, describe: _____
Does your child have any dietary restrictions: yes _____ no _____
If yes, describe: _____
Other Comments: _____

Signature: _____ Date: _____

[CLICK HERE TO SUBMIT COMPLETED FORM BY EMAIL](#)