



Sun and Fun – A Sunlife Camp for Developing Abilities 2011

Registration Form

Name of Participant: _____ Date of Birth: _____

6-digit MB Health #: _____ 9-digit PHIN: _____

Parents/Guardian: _____ Address: _____

Check one Foster Parents

Home Ph #: _____

Legal Guardian/Parent

Work/Cell #: _____

Legal guardian name, Phone # and Fax #: _____
(if different from above)

Children’s Special Services worker (if applicable) _____
Phone: _____ **Fax:** _____

Child and Family Services Agency and worker (if applicable) _____
Phone: _____ **Fax:** _____

Preferred dates for camp sessions – please number 1 – 4 in order of preference

___ July 4 – 8

___ July 11 – 15

___ July 18 – 22

___ July 25 – 29

___ August 2 – 5

___ August 8 – 12

I am applying for

___ **1 week**

___ **2 weeks**

By signing this form, I authorize camp staff to contact people named on this form.

Note: All applications will be placed on a waiting list until funding for individual camp support staff is confirmed with CSS or CFS.

A cheque for _____ is enclosed (\$100/week, payable to RCC)

Parent/Guardian Signature: _____

Date: _____

Return to: Yvonne Kash
633 Wellington Crescent
Winnipeg MB R3M 0A8

For more info:

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