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 Mississauga, Ontario, Canada L5B 1M9  
 Tel: 1 (905) 270-7788 Fax: 1 (905) 270-7828  
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**PARTICIPANT'S INFORMATION**

Summer Camp 2019

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_  
 Date of Birth: DD/ MM/ YY Gender:  Male  Female Native Language: \_\_\_\_\_  
 Country of Citizenship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Home Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
 Current School: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

**PARENT INFORMATION**

FATHER: Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_ \*Date of Birth: DD/ MM/ YY  
 Home Tel: \_\_\_\_\_ Business Tel: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
 MOTHER: Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_ \*Date of Birth: DD/ MM/ YY  
 Home Tel: \_\_\_\_\_ Business Tel: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Address if different from Applicant:  Father  Mother

Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
*\*for custodian declaration for applicants under 18 years old*

**EMERGENCY/RECRUITMENT PARTNER INFORMATION (other than Parents)**

Mr./Ms./Mrs. Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_  
 Relationship to Applicant: \_\_\_\_\_ City: \_\_\_\_\_  
 Country: \_\_\_\_\_ Home/Business Tel: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**SUMMER CAMP**

Applying for: 1. English Language Camp:  3 weeks  4 weeks Session<sup>†</sup>:  July 10, 2019  July 17, 2019  July 24, 2019  
 2. Math & Science Camp:  3 weeks  4 weeks Session<sup>†</sup>:  July 10, 2019  July 17, 2019  July 24, 2019

<sup>†</sup>Camp session availability is subject to change without prior notice.

\_\_\_\_\_  
 Signature of Participant

\_\_\_\_\_  
 Signature of Parent/Guardian

DD/ MM/ YY  
 Date