



The Heads Up Summer Program will be offered in 2 separate sessions during the months of July and August. Please complete the following form and submit to Tewaohnni'saktha's main reception before June 19th at 4pm. Please note that there is a \$60.00 fee upon acceptance into the program.

Last Name: _____ First Name: _____

Address: _____ Phone #(s): _____

E-mail Address: _____ MCK Band #: _____

Social Insurance # (if applicable): _____ Medicare #: _____

Date of Birth: _____ Male Female Age: _____

Mother's Name: _____ Father's Name: _____

School: _____ Grade Passed: _____

Session Preference: Session 1: June 29th – July 17th
 Session 2: July 29th – August 14th

Emergency Information

Contact #1 Name: _____ Relationship: _____

Daytime Phone #: _____ Other: _____

Contact #2 Name: _____ Relationship: _____

Daytime Phone #: _____ Other: _____

General Health Concerns

Please indicate if your child has any health conditions or if there are any concerns we should be aware of.

- _____
- _____
- _____

Parent / Guardian Signature: _____ Date: _____

An information Session will be held for students and parents on Wednesday June 17th, 2009 from 12:00-1:00 PM and also from 6:00- 7:00 PM.

For additional information or to answer any questions, please contact one of the Heads Up Program Facilitators at 450-638-4280 or by email at krystal.jacobs@kedc.biz, kimberly.cross@kedc.biz, allan.rice@kedc.biz.