



## HEADS UP SUMMER PROGRAM REGISTRATION

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 25<sup>th</sup> at 4pm. Please note that there is a \$30.00 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 28<sup>th</sup> – July 16<sup>th</sup>  
 Session 2: July 20<sup>th</sup> – August 5<sup>th</sup>

### 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 16<sup>th</sup>, 2010 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 [j.d.saylor@kedc.biz](mailto:j.d.saylor@kedc.biz) and [megan.whyte@kedc.biz](mailto:megan.whyte@kedc.biz)**