MISSISSAUGA ASSOCIATION FOR INDEPENDENT LIVING

Charitable #893023564RR0001

APPLICATION FORM FOR SUMMER PROGRAM 2009

Member Attending Program:_____

Address:_____

Contact Person :_____

Phone #_____

Will Attend the Summer Program, 2011 on the following weeks (PLEASE CIRCLE)

July 5- 8 July 11-15 July 18-22

July 25-29 August 2-5

Please provide us the necessary medication information and details for the member attending.

Cost of the program is $35.00 per day

We request you pay in advance before the program starts. Funds can be arranged through Community Living Mississauga

Marla Mohan: (905) 272-0503 or Elena Vertolli (905) 274-9074

I hereby consent to photographs being taken of _____ during the program.

_____

Parent/Guardian Signature

*****Please submit Application Form, Emergency Form , Waiver and Fees in the envelope provided to Elena Vertolli***