Charitable #893023564RR0001

# APPLICATION FORM FOR SUMMER PROGRAM 2010

Member Attending Program:_____

Address:_____

Contact Person :_____

Phone #_____

Will Attend the Summer Program, 2007 on the following weeks (PLEASE CIRCLE)

**June 21- 25** **June 28- July 2 (excluding July 1)** **July 5- July 9**

**July 12 - July 16** **July 19- July 23** **July 26- July 30** **August 3- August 6**

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

Cost of the program is **$40.00** per day

We request you pay in advance before the program starts. Funds can be arranged through Community Living Mississauga but ***you must provide the invoices in advance***

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***