Application Form

For information please call 506-856-2889 or 506-658-5485

Please Print Clearly

Personal Information

Last Name: _____   First Name: _____

Mailing Address: _____   _____
(Street / Rural Route No. / Box No.)   (City/Town)

_____   _____   _____   _____   _____
(County)   (Province)   (Postal Code)   (Telephone)   (E-mail Address)

Gender: Male ☐   Female ☐   Medicare Number (NB): _____ / _____ / _____

Date of Birth: _____ / _____ / _____   Mother Tongue: English ☐   French ☐   Other ☐
(year)   (month)   (day)

Grade you will be entering in September: _____

Person to contact in event of emergency: _____

Relationship: _____   Telephone #: _____

If unable to reach the emergency contact, we will seek proper medical attention. A first aid kit is on site for minor incidences (Band-Aids, etc.)

Please be advised that your child(ren) may be **photographed or videotaped** for marketing purposes; if you have any concerns, please notify us.

Please list all names of individuals permitted to pick up your child(ren) if they are under the age of 12. They will need to be on this list and have a photo ID before we will release them:

_____

If they are over the age of 12, can they leave at the end of the day on their own? YES ☐   NO ☐

Please list any serious medical concerns, allergies, or conditions that we should be aware of including any physical or emotional concerns.

_____
_____
_____

Does your child(ren) carry an epi-pen? YES ☐   NO ☐   If yes, where: _____

Cancellation policy:
   a. If 10 days or more before the camp, full refund however a $20 administrative fee will apply.
   b. If less than 10 days before the camp, will receive 50% refund; unless there is a camp waiting list.
   c. NBCC reserves the right to cancel a program, at least 10 days before the start of a camp at which time, a full refund will be given.

How did you hear about the College 4 kids?

☐ NBCC Staff   ☐ Word of Mouth   ☐ Newspaper   ☐ Social Media   ☐ NBCC Website   ☐ Direct Mail
☐ Through your child's school

Parent/Guardian Signature: _____   Date: _____

There will be a 10% discount for each additional camp that a child or sibling attends.
REGISTRATION MUST BE PAID IN FULL BEFORE THE FIRST DAY OF CAMP

Name of Camp _____ _____   Dates_____
Name of Camp _____ _____   Dates_____
Name of Camp _____ _____   Dates_____