



Canadian Independent College
 3601 Sandhills Road, Baden, ON N3A 3B9
 Phone: 519-634-9255 ● Fax: 519-634-9355
 advisor@cicbaden.ca ● www.cicbaden.ca

Summer Camp Application Form

Student Information

Student's full name:	Citizenship	Date of Birth (yyyy/mm/dd)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address (Physical Address)	E-mail Address		
Town/City	Province/State	Country	
Current School	Grade Level Completed		
Please identify any medical issues you have that may require medical attention in Canada.			
Please list any current medication (if applicable):			

Parent Information

	Father	Mother
Full Name		
Date of Birth (yyyy/mm/dd)		
Home Address		
Telephone Number		
Email Address		
Occupation		

Agreement of Correctness

I hereby certify that the above information is true and complete. I also acknowledge that I have read the school policies.

 Legal Guardian/Parent

 Legal Guardian/Parent

 Date (yyyy/mm/dd)

Please note: Both legal guardians/parents must sign.