

**PLEASE RETURN THIS FORM to the Kahnawake Education Center ASO building located at the Court House, by JUNE 18th, 2019.**

Typical Camp Schedule:

9:30 – 10:00 – Circle gathering and welcoming songs

10:00-11:30 - Breakout music / art sessions (small groups and individual lessons)

11:30 -12:00 - Music/ Art discovery sessions (creative art projects, improvisation/composition)

12:00 - 1:00 – Lunch & Free time

1:00 – 2:00 - Sport/art games, group music, group art activity – guest visits (alternating)

2:00 – 2:30 – Reflections, storytelling, Sing-alongs

-----**CUT COUPON HERE**-----

(\_\_\_\_) YES! I would like my child to participate in the summer camp.

Name of child \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Instrument studying at ESQ program \_\_\_\_\_

Dietary restrictions \_\_\_\_\_

Please name all physical or other restrictions \_\_\_\_\_

Please indicate any additional challenges that we should be aware of \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email address \_\_\_\_\_

Emergency contact:

Name \_\_\_\_\_ Phone number: \_\_\_\_\_ Relation to child: \_\_\_\_\_

**CAMP DATES (Please choose as many weeks as required)**

(\_\_\_\_) Monday, July 29 to Friday, August 2 at Karonhianónhna School, 9:30am – 2:30 pm

(\_\_\_\_) Monday, August 5 to Friday, August 9 at Karonhianónhna School, 9:30am – 2:30 pm

(\_\_\_\_) Monday, August 12 to Friday, August 16 at Karonhianónhna School, 9:30am – 2:30 pm

**I understand that my child is registered for the ESQ summer camp for the weeks indicated above. I will ensure that my child attends the camp during these weeks.**

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_