



2011 AT Camp Registration Form

Student Name: _____

Grade Student will enter in September 2010: _____

Name of Parent / Guardian who will be participating: _____

Address: _____

Daytime Phone #: _____

E-Mail Address: _____

Emergency Contact Name: _____

Relationship to student: _____

Daytime Phone #: _____ **Alternate #:** _____

Program Cost:
 Member of Learning Disabilities Association \$150
 Non-Members \$175

Please make cheque payable to the: **Learning Disabilities Association of Simcoe County**

Mail or drop off completed registration form and payment to:

Learning Disabilities Association of Simcoe County
 76 Mulcaster Street, 2nd Floor
 Barrie, Ontario L4M 3M4

You will need to bring with you the following:

1. A document to scan (example: a poem, or short story).
2. Travel Drive / USB Stick – to save your files.
3. Head Set (preferably one with a microphone). The ones that are used for Dragon Naturally Speaking. If you do not have your own you might want to ask your school if you can borrow one from them.

Please call the office if you have any questions (705) 726-5553.

Confirmation and directions will be forwarded to you closer to the date.

For office use only:

Admission Assessment: May 11, 2010 5:00 pm **7:00 pm**

Camp Placement B **I** **Approved:** _____ **Date:** _____