



# BELKA COMPUTER SUMMER CAMP (ICT)

## Participant Information

I \_\_\_\_\_ give my

Son/daughter \_\_\_\_\_  
permissions to participate in all activities being held and supervised by Belka Enrichment Center  
volunteers and paid staff and also give my son/daughter permissions to attend Belka Enrichment Center  
Summer Camp at any of our locations all over the city of Toronto.

### **CONTACT INFORMATION**

Parents Contact #: \_\_\_\_\_

Emergency Contact # \_\_\_\_\_

Health Card # \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications \_\_\_\_\_

Parents/Guardians Signature: \_\_\_\_\_

Pick up is based on the amount of participants in one location (15-20).

You could leave this permission form at any of our offices: 95 Eddystone, Unit 4.

Dennis 416 276 0852

Safia: 416 217 1082

Michelle: 416 553 2601

Email us at [belkaradio@gmail.com](mailto:belkaradio@gmail.com) or [Belka\\_enrichmentc@caglomissions.org](mailto:Belka_enrichmentc@caglomissions.org)