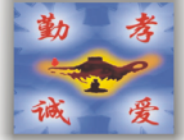


# OTTAWA CHINESE EDUCATION ASSOCIATION

## 2025 SUMMER CAMP REGISTRATION

OCEA Summer Camp

Ottawa Chinese Education  
Association



**Camp Fee is Tax-deductible**

### SESSIONS AVAILABILITY

Check the week below:

△ week 1: July 2 – July 4

△ week 2: July 7 – July 11

△ week 3: July 14 – July 18

△ week 4: July 21 – July 25

△ week 5: July 28 – Aug 1

Total # of weeks chosen: \_\_\_\_\_

Total Amount of Payment: \$ \_\_\_\_\_

△ Cash Payment

or

△ Cheque (**Payable to Ottawa Chinese  
Education Association**)

Registration Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

### Student Photo Release Authorization

I/We hereby consent to the inclusion of  
any photographs of my/our child in hall  
displays, class projects or other promotion  
related to the summer camp program.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### OFFICE USE ONLY

Name of Teacher: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Home room #: \_\_\_\_\_

### STUDENT INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth(yy/mm/dd): \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home School: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Allergies/Medical Concerns: \_\_\_\_\_

### PARENTS / GUARDIANS

1. Name: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Student: Parent  Guardian  Other

### EMERGENCY CONTACT

Name: \_\_\_\_\_

Phone (work/cell): \_\_\_\_\_

