



Gulf Islands Centre for Ecological Learning

gicel@gicel.ca

REGISTRATION FORM

Participant's Name _____

Age _____ Gender _____ Birthdate _____

Name of Participant's Parents/Guardians _____

Participant's Island Address _____

Island Phone Number _____ Cell Phone _____

Other Phone Number (if applicable) _____

Island Emergency Contact Name and Phone# (Not a Parent or Guardian) _____

Participant's Home Phone Number (if different from above) _____

Participant's Home Address _____

Parent/Guardian E-Mail _____

Does your child have any allergies or medical conditions we need to be aware of? If so, please describe any procedures we need to know about in an emergency. (Use back to page if necessary)

PARTICIPANT'S Medical Number _____

Please enclose you fees in full. Amount enclosed _____

One week for \$175. Two children is \$300 for the week.

Subsides are available for low income families.

Please contact us to inquire.

Which program are you registering for? (Island and dates needed)

Mail to: Gulf Islands Centre for Ecological Learning Box 496 Salt Spring Island, BC V8K 2W1
--