



**Queen's College
Primary School
Summer Experience Application
June 22 - July 03, 2026**



Child's Name: _____

Please indicate the week (s) that your child will attend Summer School.

June 22, 2026 - June 26, 2026 - Week 1

June 29, 2026 - July 03, 2026 - Week 2

**Monday - Friday
8:30 a.m. - 2:30 p.m.
\$220.00 weekly**

Enrollment Information

Child's Name: _____ **Date of Birth:** _____

Last Grade Successfully Completed (June 2026): _____

Contact Information

Parent/Guardian's Name: _____

Home: _____ **Work:** _____ **Cell:** _____

Email: _____

Medical Information

Allergies: YES NO

If yes, please explain: _____

I give permission for my child to be seen by the school's nurse and administered medication if needed.

Parent Signature: _____ **Date:** _____