

WINTER CAMP REGISTRATION 2019 – 2020

CHILD'S INFORMATION				
LAST NAME :		FIRST NAME :		
DATE OF BIRTH: YYYY/MM/DD	SEX: <input type="checkbox"/> M <input type="checkbox"/> F	MEDICARE # :		EXP. : YYYY/MM
PAYER & FAMILY INFORMATION				
PAYER'S NAME (LAST NAME, FIRST NAME) ONLY FOR PAYING PARENT (RELEVÉ 24)			SOCIAL INSURANCE NUMBER (OBLIGATORY FOR MINISTÈRE DU REVENU)	
ADDRESS (PAYER) :			APT. #:	CITY:
POSTAL CODE :	E-MAIL:			
PARENT'S NAME (LAST NAME, FIRST NAME)		TEL.# 1	TEL.# 2	ALLOWED TO PICK UP CHILD
PARENT 1:				<input type="checkbox"/> YES <input type="checkbox"/> NO
PARENT 2:				<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER CONTACTS				
NAME		RELATIONSHIP TO CHILD	TEL. #	ALLOWED TO PICK UP CHILD
1.				<input type="checkbox"/> YES <input type="checkbox"/> NO
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICAL & SWIMMING INFORMATION				
ALLERGIES :		MEDICATIONS :		
EPIPEN : <input type="checkbox"/>	OTHER IMPORTANT INFORMATION :			
SWIMS <input type="checkbox"/>	DOES NOT KNOW HOW TO SWIM <input type="checkbox"/>	WITH FLOATIE <input type="checkbox"/>	WITH LIFEJACKET <input type="checkbox"/>	
REGISTRATION (GROUP/DATES)				
<input type="checkbox"/> Group 1: 5-7 yrs. old		<input type="checkbox"/> Group 2: 8-9 yrs. old		<input type="checkbox"/> Group 3: 10-12 yrs. old
CHECK (v)	DATE	COST	EXTENDED DAYS (included) (v)	COST
<input type="checkbox"/>	DECEMBER 23 RD , 2019	\$45	<input type="checkbox"/> 7 am – 9 am <input type="checkbox"/> 4pm – 6 pm	\$
<input type="checkbox"/>	DECEMBER 26 TH , 2019	\$45	<input type="checkbox"/> 7 am – 9 am <input type="checkbox"/> 4pm – 6 pm	\$
<input type="checkbox"/>	DECEMBER 27 TH , 2019	\$45	<input type="checkbox"/> 7 am – 9 am <input type="checkbox"/> 4pm – 6 pm	\$
<input type="checkbox"/>	DECEMBER 30 TH , 2019	\$45	<input type="checkbox"/> 7 am – 9 am <input type="checkbox"/> 4pm – 6 pm	\$
<input type="checkbox"/>	JANUARY 2 ND , 2020	\$45	<input type="checkbox"/> 7 am – 9 am <input type="checkbox"/> 4pm – 6 pm	\$
<input type="checkbox"/>	JANUARY 3 RD , 2020	\$45	<input type="checkbox"/> 7 am – 9 am <input type="checkbox"/> 4pm – 6 pm	\$
TOTAL				\$

Your child's spot will only be reserved once a deposit of \$15 per day has been received.

*Special needs camp is not available for winter camp. *Groups are subject to change according to registration.

Cancellation and Reimbursement Policy

Full reimbursement, minus the \$15 administration fee per day, may be granted if a written request is received by December 19th. After this date, refunds will not be considered unless a medical certificate is provided. If a reimbursement has been approved, \$15 per day of registration will be deducted. Absence from camp does not constitute a withdrawal from the program. Cancellations or changes will not be accepted over the phone; you must email a written request in order for your request to be processed. No modifications will be accepted once camp starts. Refunds are applicable for camp closures. Centre du Sablon reserves the right to ask campers not to return to camp. All campers must adhere to camp and group rules. Disrespectful or disruptive behavior, foul or hurtful language, violence and/or bullying will not be tolerated.

PARENT SIGNATURE

DATE