

CHILD'S INFORMATION

FAMILY NAME :

FIRST NAME :

PAYER'S INFORMATION

PAYER'S NAME (LAST NAME, FIRST NAME)

SOCIAL INSURANCE NUMBER

ONLY FOR PAYING PARENT FOR TAX RECIEPTS (RELEVÉ 24)

SIN OBLIGATORY BY THE MINISTÈRE du REVENU

ADDRESS (Parent Paying):

APT# :

CITY :

POSTAL CODE :

E-MAIL ADDRESS :

IMPORTANT! E-MAIL ADDRESS WILL BE USED TO SEND OUT CONFIRMATION, OUTSTANDING BALANCES AND IMPORTANT DOCUMENTS.

REGISTRATION (GROUP) school year 2019-2020

- Group #1 - Kindergarten (5-6 yrs old)
 Group #2 - 1st grade (6-7 yrs old)
 Group #3 - 2nd grade (7-8 yrs old)
 Group #4 - 3rd grade (8-9 yrs old)
 Group #5 - 4th grade (9-10 yrs old)
 Group #6 - 5th & 6th grade (10-12 yrs old)

PROGRAM (INCLUDES PIZZA FRIDAY) see pamphlet for more details

DATE	WEEKLY THEMES A - Sports; B -Creative Arts; C - Adventurer	COST WITHOUT EXTENDED DAYS	COST WITH EXTENDED DAYS	2ND CHILD DISCOUNT (-10% / -\$17)	3RD CHILD DISCOUNT (-15% / -\$25)	TOTAL
1 - WK OF JUNE 22 *(4 days)	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> \$136	<input type="checkbox"/> \$160	-\$	-\$	\$
2 - WK OF JUNE 29	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> \$170	<input type="checkbox"/> \$200	-\$	-\$	\$
3 - WK OF JULY 6	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> \$170	<input type="checkbox"/> \$200	-\$	-\$	\$
4 - WK OF JULY 13	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> \$170	<input type="checkbox"/> \$200	-\$	-\$	\$
5 - WK OF JULY 20	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> \$170	<input type="checkbox"/> \$200	-\$	-\$	\$
6 - WK OF JULY 27	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> \$170	<input type="checkbox"/> \$200	-\$	-\$	\$
7 - WK OF AUGUST 3	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> \$170	<input type="checkbox"/> \$200	-\$	-\$	\$
8 - WK OF AUGUST 10	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> \$170	<input type="checkbox"/> \$200	-\$	-\$	\$
9 - WK OF AUGUST 17	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> \$170	<input type="checkbox"/> \$200	-\$	-\$	\$
10 - WK OF AUGUST 24	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> \$170	<input type="checkbox"/> \$200	-\$	-\$	\$
Annual membership fee \$19.50 if applicable						+\$

Your child's spot will only be reserved once an administrative fee of \$50 per week has been received.

TOTAL

Cancellation and Reimbursement Policy: Non-refundable administrative fee of \$50 will be applied to any cancellations prior to June 12. After this date, a \$50 PER WEEK administrative fee will be charged. Once the week begins, refunds will not be considered unless a medical certificate is provided. If reimbursement has been approved the \$50 fee will be deducted, and reimbursement prorated according to the number of days your child was present during the week in the form of a credit only. Absence from day camp does not constitute a withdrawal from the program. Cancellations or changes will not be accepted over the phone. You must fill out and complete a cancellation form in order for your request to be processed. No modifications will be accepted past the Monday preceding the registered camp week. Centre du Sablon reserves the right to ask campers not to return to camp. All campers must adhere to camp and classroom rules. Disrespectful or disruptive behavior, foul or hurtful language, violence and bullying will not be tolerated.

I CONFIRM THAT I HAVE READ, UNDERSTOOD AND AGREED TO THE ABOVE POLICY. PLEASE KEEP/RETAIN A COPY FOR YOUR RECORDS.

PARENT SIGNATURE

DATE

CHILD'S PHOTO

CHILD'S INFORMATION

FAMILY NAME :		FIRST NAME :	
DATE OF BIRTH: YYYY/MM/DD	SEX: <input type="checkbox"/> M <input type="checkbox"/> F	MEDICARE :	EXP : YYYY/MM
FAMILY INFORMATION			
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 CONTACT INDIVIDUALS			
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 INFORMATION			
ALLERGIES :		MEDICATIONS :	
EPIPEN : <input type="checkbox"/>	OTHER IMPORTANT INFORMATION :		
SPECIAL NEEDS INFORMATION			
IS HIGH FUNCTIONING YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, DIAGNOSIS :		
SWIMMING INFORMATION			
SWIMS <input type="checkbox"/>	DOES NOT KNOW HOW TO SWIM <input type="checkbox"/>	WITH FLOATIE <input type="checkbox"/>	WITH LIFEJACKET <input type="checkbox"/>
I ALLOW MY CHILD			
Allergy to sunscreen : YES <input type="checkbox"/> NO <input type="checkbox"/>		Sunscreen to be applied by counselor : YES <input type="checkbox"/> NO <input type="checkbox"/>	
To have their picture taken for promotional use on social media - YES <input type="checkbox"/> NO <input type="checkbox"/>			
To have their picture taken or filmed (internal use) YES <input type="checkbox"/> NO <input type="checkbox"/>			
I authorize Centre du Sablon to take the necessary measures to ensure the health of my child including application of EPIPEN if needed YES <input type="checkbox"/> NO <input type="checkbox"/>			
I authorize my child to participate in all the activities at Centre du Sablon and outings - YES <input type="checkbox"/> NO <input type="checkbox"/>			

PARENT SIGNATURE

DATE