

CHILD'S INFORMATION	# Ludik: _____
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LAST NAME :	FIRST NAME :
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PAYER'S INFORMATION	
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PAYER'S NAME (LAST NAME, FIRST NAME)	SOCIAL INSURANCE NUMBER
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ONLY FOR PAYING PARENT FOR TAX RECIEPTS (RELEVÉ 24)	S.I.N. OBLIGATORY BY THE MINISTÈRE DU REVENU
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ADDRESS (Parent Paying):	APT# :	CITY :
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POSTAL CODE :	E-MAIL :
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IMPORTANT! E-MAIL ADDRESS WILL BE USED TO SEND OUT CONFIRMATION, OUTSTANDING BALANCES, AND IMPORTANT DOCUMENTS.

REGISTRATION		
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<input type="checkbox"/> Group #1 - Kindergarten (5-6 yrs. old)	<input type="checkbox"/> Group #2 - 1 st grade (6-7 yrs. old)	<input type="checkbox"/> Group #3 - 2 nd grade (7-8 yrs. old)
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<input type="checkbox"/> Group #4 - 3 rd grade (8-9 yrs. old)	<input type="checkbox"/> Group #5 - 4 th grade (9-10 yrs. old)	<input type="checkbox"/> Group #6 - 5 th & 6 th grade (10-12 yrs. old)
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PROGRAM (INCLUDES PIZZA FRIDAY)						
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WEEKS/DATES	THEMES A - Sports; B -Creative Arts; C - Adventurer	REGULAR CAMP DAY (9am to 4 pm)	EXTENDED DAY (7 am to 6 pm)	2 ND CHILD DISCOUNT (-10% / -\$18)	3 RD CHILD DISCOUNT (-15% / -\$27)	TOTAL
1 - WK OF JUNE 28	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> \$185	<input type="checkbox"/> \$215	-\$	-\$	\$
2 - WK OF JULY 5	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> \$185	<input type="checkbox"/> \$215	-\$	-\$	\$
3 - WK OF JULY 12	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> \$185	<input type="checkbox"/> \$215	-\$	-\$	\$
4 - WK OF JULY 19	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> \$185	<input type="checkbox"/> \$215	-\$	-\$	\$
5 - WK OF JULY 26	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> \$185	<input type="checkbox"/> \$215	-\$	-\$	\$
6 - WK OF AUGUST 2	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> \$185	<input type="checkbox"/> \$215	-\$	-\$	\$
7 - WK OF AUGUST 9	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> \$185	<input type="checkbox"/> \$215	-\$	-\$	\$
8 - WK OF AUGUST 16	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> \$185	<input type="checkbox"/> \$215	-\$	-\$	\$
9 - WK OF AUGUST 23	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> \$185	<input type="checkbox"/> \$215	-\$	-\$	\$

Annual membership fee \$19.50, if applicable	+ \$
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Your child's spot will only be reserved once an administrative fee of \$50 per week has been received.	TOTAL	
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Cancellation and Reimbursement Policy: Non-refundable administrative fee of \$50 will be applied to any cancellations after June 1st. After this date, a \$50 PER WEEK administrative fee will be charged. Once the camp 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



CAMPER INFORMATION

CAMPER PHOTO

Ludik: _____

LAST NAME :		FIRST NAME :	
DATE OF BIRTH: YYYY/MM/DD	SEX: <input type="checkbox"/> M <input type="checkbox"/> F	MEDICARE :	EXP : YYYY/MM
FAMILY INFORMATION			
PARENTS' 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			
LAST NAME, FIRST 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 :		
HAS SPECIAL NEEDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DIAGNOSIS :		
SWIMMING INFORMATION			
<input type="checkbox"/> SWIMS	<input type="checkbox"/> DOES NOT KNOW HOW TO SWIM	<input type="checkbox"/> WITH FLOATIE	<input type="checkbox"/> WITH LIFEJACKET
CONSENT			
Sunscreen to be applied by counsellor			<input type="checkbox"/> YES <input type="checkbox"/> NO
To have their picture taken for promotional use on social media			<input type="checkbox"/> YES <input type="checkbox"/> NO
To have their picture taken or filmed (internal use)			<input type="checkbox"/> YES <input type="checkbox"/> NO
I authorize Centre du Sablon to take the necessary measures to ensure the health of my child including application of EPIPEN if needed			<input type="checkbox"/> YES <input type="checkbox"/> NO

PARENT SIGNATURE

DATE