

CHILD'S INFORMATION				# Ludik: _____	
LAST NAME :		FIRST NAME :			
DATE OF BIRTH: YYYY/MM/DD	SEX: <input type="checkbox"/> M <input type="checkbox"/> F	MEDICARE # :		EXP. : YYYY/MM	
PARENT INFORMATION					
PAYING PARENT (LAST NAME, FIRST NAME)			SOCIAL INSURANCE NUMBER (MANDATORY FOR RELEVÉ 24)		
ADDRESS (PAYER) :			APT. #:	CITY:	
POSTAL CODE :		E-MAIL:			
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 CONTACTS					
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 & SWIMMING INFORMATION					
ALLERGIES :			<input type="checkbox"/> CHILD KNOWS HOW TO SWIM		
MEDICATIONS :			<input type="checkbox"/> CHILD DOES NOT KNOW HOW TO SWIM		
IMPORTANT INFORMATION :			<input type="checkbox"/> SHOULD SWIM WITH FLOATIE		
EIPEN : <input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> SHOULD SWIM WITH LIFEJACKET		
REGISTRATION (GROUP/DATES)					
<input type="checkbox"/>	Tuesday Dec. 27 th , 2022	\$50	<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	\$	
<input type="checkbox"/>	Wednesday Dec. 28 th , 2022	\$50		\$	
<input type="checkbox"/>	Thursday Dec. 29 th , 2022	\$50		\$	
<input type="checkbox"/>	Friday Dec. 30 th , 2022	\$50		\$	
<input type="checkbox"/>	Tuesday January 3 rd , 2023	\$50		\$	
<input type="checkbox"/>	Wednesday January 4 th , 2023	\$50		\$	
<input type="checkbox"/>	Thursday January. 5 th , 2023	\$50		\$	
<input type="checkbox"/>	Friday January 6 th , 2023	\$50		\$	
Cancellation and Reimbursement Policy			+ \$19.50 Annual membership fees	\$	
				TOTAL	\$

A reservation is only complete when the non-refundable \$15 per day administrative fee is received.

*Special needs camp is not be available for winter camp. *Groups are subject to change according to registration. Full reimbursement, minus the \$15 administration fee per day, may be granted, if a written request is received by December 16th. After this date, refunds will not be considered unless a medical certificate is provided. If a reimbursement is approved, the \$15 administrative fee per day will be deducted. Absence from camp does not constitute a withdrawal from the program. Cancellations will only be accepted by email in order for your request to be processed. 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. I have read, understood, and agreed to the aforementioned statements.

PARENT SIGNATURE

DATE