

SPRING BREAK CAMP



March 3rd to the 7th, 2025

		CHILD'S INFORMATION # Ludik:							
LAST NAME :				FIRST NAM	Е:				
DATE OF BIRTH: YYYY/MM/D	SEX	: □M [□F	MEDICARE	#:			EXP.:	YYYY/MM
I consent to my child being photographed for promotional purposes on social media. YES NO									
Where did you hear about our camp? ☐ Facebook/Instagram ☐ Friends ☐ School ☐ Sablon ☐ News									
		PA	RENT I	NFORMATION	ON				
PAYING PARENT (LAST NAME, FIRST NAME)					SOCIAL INSURANCE NUMBER (MANDATORY FOR RELEVÉ 24)				
DATE OF BIRTH (PAYER):							T		
ADDRESS (PAYER):	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:								□ YES	□NO
PARENT 2:								□ YES	□NO
OTHER CO	ONTACTS: V	We need t	to have	3 phone n	umbe	ers on file (MAND	ATORY	')	
LAST NAME, FIRST NAME RELATIONSI			ONSHII	P TO CHILD	ILD TEL. # ALLOW			LLOWED TO P	ICK UP CHILD
1.								□ YES	□NO
2.								□ YES	□NO
3.								□ YES	□ NO
MEDICAL & SWIMMING INFORMATION									
Children aged 4 to 6 ye	ears old will	not be allo	wed to	use floaties a	nd mu	ist wear a life jacke	t due to	their weigl	nt
ALLERGIES: EPIPEN: \square Y				J YES □ N	S □ NO □ CHILD KNOWS HOW TO SWIM			SWIM	
MEDICATIONS:									
DIAGNOSIS: □ ADHD □ ASD □ OPPOSITION OTHER:				:	☐ SHOULD SWIM WITH FLOATIE				
IMPORTANT INFORMATION:					ACKET				
REGISTRATION (GROUP/DATES)									
<u>AGE</u>	AGE HOUR		<u>URS</u>		_		\$22	\$225 – 1 st child	
☐ Kin Grade 1 (5-6 yo) ☐ Grade 2 (7-8 yo) ☐ Grade 3 (8-9 yo)	AM exte	AM extended: 7 to 9 am Regular day: 9 am to 4 pm PM extended: 4 to 6 pm		PRIO				\$202.50 – 2 nd child (-10%)	
	-							\$191.25 – 3 rd child (-15%)	
						+ and		annual membership - \$19.50	
☐ Grade 4 (9-10 yo) ☐ Grade 5-6 (10-12 yo)	Extended day is included in the price		ed in the		_				
IUIAL: Ş									
Cancellation and Reimbursement		receipt of f	full foos	*Special needs	comp	is not available Grou	ine oro e	shipet to char	aga basad on

A reservation will be considered complete only upon receipt of full fees. *Special needs camp is not available. Groups are subject to change based on registrations. A full refund, minus a \$50-day administrative fee, can be granted if a written request is received before February 22. After this date, refunds will not be considered unless a medical certificate is provided. If a refund is approved, the initial 50\$ administrative fee will be deducted. Absence from the camp does not constitute a camp cancellation. Cancellations will be processed by written request only. No modifications will be accepted once the camp has begun. 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, rude or offensive language, violence, and/or intimidation will not be tolerated (view camp code). **BY SIGNING, I HAVE READ,**

UNDERSTOOD, AND ACCEPTED THE STATEMENTS ABOVE.

PARENT SIGNATURE	DATE

CAMP CODE

When I am at camp, I:

- 1. Respect the rules
- 2. Respect the staff, CITs, and the other campers with my actions or my words.
- 3. Respect the materials and neatly put them away after using them
- 4. Place all the garbage/recycling in the appropriate bin
- 5. Leave my personal toys or non-camp related objects at home to fully enjoy the camp experience and avoid losing or theft of the object.
- 6. Bring my big smile and positive attitude to camp

Sanctions

The scale of sanctions presented here will serve as a guide for all day camp staff. Each intervention will be applied according to the nature of the situation and its severity (minor or major). The intervention may therefore deviate from the scale presented.

Degree of gravity: minor

Unacceptable actions: bad or inappropriate language, disobedience, insults, hustle & bustle, tantrums, refusal to participate, etc.

Escalations of sanctions:

- 1. Verbal warning
- 2. Discussion and search for concrete solutions with the counsellors
- 3. Removal of camper from an activity/outing
- 4. Meeting with the coordinator and phone call to parents depending on situation
- 5. Disciplinary notice and meeting with the parents
- 6. Suspension* for a day
- 7. Definitive expulsion* from camp

Degree of gravity: major

Unacceptable actions: physical violence, breaking of materials, temper tantrums or any acts compromising the security of others.

- 1. The camper is removed from the group
- 2. Meeting with the coordinator
- 3. Meeting with the parents
- 4. Depending on the gravity of the situation, disciplinary action or suspension* for one to three days.
- 5. Definite expulsion* from camp

EXPULSION OR SUSPENSION

- No reimbursement in event of suspension or expulsion
- All expulsions and suspensions are effective immediately.

The scale of sanctions presented here will serve as a guide for all day camp staff. Each intervention will be applied according to the nature of the situation and its severity. The intervention may therefore deviate from the scale presented.

I have read the Camp co to abide by it.	de of Camp du Sablon a	and commit, as a pa	rent, to support and	d encourage my child

PARENT SIGNATURE	DATE



OPTION #1:

CHARGE WHOLE AMOUNT OF CAMP UPON REGISTRATION

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PRE-AUTHORIZED PAYMENTS BY CREDIT CARD

By the present, I authorize, La Corporation du Centre du Sablon to take, from my credit card, the amounts check marked below at the date indicated up to and until I decide to cancel the present authorisation:

Upon registration, a \$50 non-refundable administrative fee (included in the camp price) is charged per child plus the 19.50\$ annual membership fee.

Registration Date:	Amount: \$			
OPTION #2:				
CHARGE AMOUNT OF CAMP ON MARCH 3rd, 20	25			
Registration Date: Amo	ount: \$50 x (# of children) = \$			
March 3rd, 2025 Remaining amount: \$				
I will use the following credit card: 3-digit security	code: Visa MasterCard			
Card number:	Expiration Date:			
Child's name:				
Child's name:				
Child's name:				
THIS AUTHORISATION MAY BE CANCELLED AT ANY TIME with a warning on my behalf to La Corporation du Centre du Sablon within the 10 days preceding the deadline of the next payment. I will inform La Corporation du Centre du Sablon of all changes regarding my account that is given to La Corporation du Centre du Sablon n the present authorisation before the deadline of the next payment.				
Payer Identification (Print)				
Last name: F	irst name:			
Date of birth (YYYY-MM-DD):	Address:			
Postal code: City: _				
Phone number: ()				
Signature :	Date :			