

Participant's Information					
First name			Family name		
Language <input type="checkbox"/> Français <input type="checkbox"/> English	Date of birth (yy/mm/dd)	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Health Insurance Number	
				Card Expiry Date	
Address			Apt.	Town	Postal Code
			Telephone – Residence ( )		

Information - parents: first contact			Information - parents: second contact		
Family name and first name:			Family name and first name:		
Social insurance number (for income tax purposes):			Social insurance number (for income tax purposes):		
Full address: <b>(if different from child)</b>			Full address <b>(if different)</b>		
Telephone - Residence: ( )	Cellular: ( )		Telephone - Residence: ( )	Cellular: ( )	
Telephone - Work: ( )	Ext.		Telephone - Work: ( )	Ext.	
Email :			Email :		
Income Tax Credit : <input type="checkbox"/> 100% to first contact <input type="checkbox"/> 50% - 50% <input type="checkbox"/> 100% to second contact					
<b>1st contact in case of emergency (if parents cannot be reached)</b>			<b>2nd contact in case of emergency (if parents cannot be reached)</b>		
Family name and first name;		Relationship:	Family name and first name;		Relationship:
Telephone: ( )			Telephone: ( )		

HEALTH / MEDICATION (section to complete)	
Does your child have a medical condition we should be aware of: (asthma, diabetes, etc.)? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
Specify: _____	
Does your child take medication daily? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
Specify : (Name of medication, dose and side effects) _____	
Does your child have allergies? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> What type? _____ Last Flare-up : Year / mm _____	
Severity : _____	
Does he/she have a functioning dose of adrenaline (Epipen, Ana-kit) at his/her disposal? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>n/a</b> <input type="checkbox"/>	
If yes, do you authorize the camp personnel to administer the dose of adrenaline? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>n/a</b> <input type="checkbox"/>	
I authorize the day camp staff to administer and assist with medication for my child. <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>n/a</b> <input type="checkbox"/>	
Other particulars that should be brought to our attention in regards to your child's character or behaviour? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
Specify : _____	
I authorize the day camp staff to provide my child with the necessary medical attention if required, as well as transportation by ambulance. If management cannot reach me or my emergency contacts, I authorize the doctors to provide <b>ALL</b> the necessary medical attention.	
I certify that the information provided on this form is correct and that I have read the aforementioned permissions.	
<b>Initials:</b> _____	

SUNSCREEN (section to complete)	
<b>AUTHORIZATION</b>	
I hereby authorize the Sainte-Anne-de-Bellevue Day Camp staff to apply sunscreen to my child when needed in order to protect them from the harmful and devastating effects of the sun. <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>SPECIAL ATTENTION:</b> Does your child has any dermatological problems or is he/she allergic to specific products: <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Specify :</b> _____	
<b>Initials:</b> _____	

At 4 pm, when day camp activities end, my child is authorized to leave alone.  
 Yes                       No

Can your child swim without a PFD (personal flotation device)?  
 Yes                       No

**What is your child's swim level?**  
 Current level (ex: beginner): \_\_\_\_\_  
 Or Level completed: \_\_\_\_\_  
 Or Evaluation required:

I hereby authorize the Town to take and use photos of my child for promotional purposes.  
 Yes                       No

**I am completely aware of the refund terms and methods and I accept them.**

Signature of the parent: \_\_\_\_\_ Date : \_\_\_\_\_



# 2020 DAY CAMPS



(Printing format: Legal size)



REGULAR CAMP Ages 5 to 12 – SWIMMING CAMP Ages 5 to 12 – DISCOVERY CAMP Ages 10 to 13

Registration in person only

Participant's First Name & Last name
Age of the child as of June 29 <sup>th</sup> , 2020 <b>OR</b> at the starting date of his Camp option / Please check the appropriate box.
5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/>

REGULAR CAMP Ages 5 to 12 Outings included		Cost for RESIDENTS			Cost for NON RESIDENTS	Extended Daycare Service				TOTAL For the week
CHECK The selection	WEEKS	CIRCLE THE OPTION				CIRCLE THE OPTIONS				
		1st Child	2nd Child	3rd Child		AM	PM	AM & PM		
	Week 1-4 days	\$120	\$115	\$110	\$144	\$20	\$20	\$32		
	Week 2	\$150	\$145	\$140	\$180	\$25	\$25	\$40		
	Week 3	\$150	\$145	\$140	\$180	\$25	\$25	\$40		
	Week 4	\$150	\$145	\$140	\$180	\$25	\$25	\$40		
	Week 5	\$150	\$145	\$140	\$180	\$25	\$25	\$40		
	Week 6	\$150	\$145	\$140	\$180	\$25	\$25	\$40		
	Week 7	\$150	\$145	\$140	\$180	\$25	\$25	\$40		
	Week 8	\$150	\$145	\$140	\$180	\$25	\$25	\$40		

SWIMMING CAMP Ages 5 to 12 Package : 2 weeks Outings included		Cost for RESIDENTS			Cost for NON RESIDENTS	Extended Daycare Service				TOTAL For the week
CHECK The selection	WEEKS	CIRCLE THE OPTION				CIRCLE THE OPTIONS				
		1st Child	2nd Child	3rd Child		AM	PM	AM & PM		
	Week 2 & Week 3	\$340	\$330	\$320	\$400	\$25	\$25	\$40		
	Week 4 & Week 5	\$340	\$330	\$320	\$400	\$25	\$25	\$40		
	Week 6 & Week 7	\$340	\$330	\$320	\$400	\$25	\$25	\$40		

DISCOVERY CAMP Ages 10 to 13 Package: 1 week Outing included		Cost for RESIDENTS			Cost for NON RESIDENTS	Extended Daycare Service				TOTAL For the week
CHECK The selection	WEEKS	CIRCLE THE OPTION				CIRCLE THE OPTIONS				
		1st Child	2nd Child	3rd Child		AM	PM	AM & PM		
	Week 3	\$205	\$205	\$205	\$235	\$25	\$25	\$40		
	Week 5	\$205	\$205	\$205	\$235	\$25	\$25	\$40		
	Week 6	\$205	\$205	\$205	\$235	\$25	\$25	\$40		

DAY CAMP T-SHIRT IS MANDATORY	Child: Size: small	Child : Size: medium	Child : Size: large	Adult : Size: small	Adult: Size: medium	Quantity: X 12 \$ each	Total :
						Grand total :	

**SECTION RESERVED FOR ADMINISTRATION**

Mode de paiement :  chèque  carte Débit  carte Visa  carte MasterCard  
 1<sup>er</sup> Chèque à l'inscription (300 \$ et moins): Date \_\_\_\_\_ Montant : \_\_\_\_\_  
 1<sup>er</sup> Chèque postdaté (300 \$ à 599 \$): Date du 30 avril 2020. Montant : \_\_\_\_\_  
 2<sup>e</sup> Chèque postdaté (600 \$ à 899 \$) : Date du 21 mai 2020. Montant : \_\_\_\_\_  
 3<sup>e</sup> Chèque postdaté (900 \$ +): Date du 18 juin 2020. Montant : \_\_\_\_\_

1<sup>o</sup> enfant  : nom \_\_\_\_\_ Montant : \_\_\_\_\_  
 2<sup>o</sup> enfant  : nom \_\_\_\_\_ Montant : \_\_\_\_\_  
 3<sup>o</sup> enfant  : nom \_\_\_\_\_ Montant : \_\_\_\_\_

**Grand total de la Famille:**

**NOTE FOR ADMINISTRATION :**

\_\_\_\_\_

\_\_\_\_\_