

(PLEASE PRINT)

FAMILY INFORMATION:

PICTURE OF YOUR CHILD MANDATORY AT REGISTRATION	CHILD: _____, _____ <small>FAMILY NAME FIRST NAME</small>
	DATE OF BIRTH: ____/____/____ AGE: ____ yrs <input type="checkbox"/> M <input type="checkbox"/> F <small>DAY MTH YR</small>
	LANGUAGES SPOKEN: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: _____
	ADDRESS: _____ <small>NUM. ST. APT CITY AND POSTAL CODE</small>
	HAS YOUR CHILD TAKEN SWIMMING LESSONS? <input type="checkbox"/> YES <input type="checkbox"/> NO
	THEIR LAST LEVEL PASSED? _____ WHERE DID YOUR CHILD TAKE THEM? _____
MOTHER: _____, _____ <small>MAIDEN NAME FIRST NAME</small>	
TEL. HOME: (____) _____ TEL. WORK: (____) _____ EXT. : _____	
CELL: (____) _____ E-MAIL: _____	
FATHER: _____, _____ <small>FAMILY NAME FIRST NAME</small>	
TEL. HOME: (____) _____ TEL. WORK: (____) _____ EXT. : _____	
CELL: (____) _____ E-MAIL: _____	

EMERGENCY CONTACTS OTHER THAN PARENTS:

1. NAME: _____ RELATION TO THE CHILD: _____
TEL. HOME: (____) _____ TEL. WORK: (____) _____ EXT. : _____ OTHER:(____) _____
2. NAME: _____ RELATION TO THE CHILD: _____
TEL. HOME: (____) _____ TEL. WORK: (____) _____ EXT. : _____ OTHER:(____) _____

INCOME TAX RECEIPT

INDICATE THE NAME OF THE PERSON PAYING. HE/SHE WILL RECEIVE THE INCOME TAX RECEIPT.

NAME: _____ S.I.N.: _____

MEDICAL INFORMATION:

For children with special needs, please contact the manager of the day camp for more information on the registration process. Refer to our website for contact information.

MEDICARE NUMBER:

NUMBER

EXPIRY DATE

Does your child have any of the following?

- Epilepsy Haemophilia Hearing problems Diabetes Hyperactivity
- Incontinence Vision troubles Speech impediment Asthma
- Allergies, specify: _____

Other, please specify: _____

Is your child presently taking medication? Yes No

If yes, which one? _____

Does your child need to carry an EpiPen? Yes No

Are there any other physical or emotional factors concerning your child that you would like us to be aware of?

IN CASE OF AN EMERGENCY, I HEREBY AUTHORIZE THOSE RESPONSIBLE FOR MY CHILD'S CARE TO TAKE THE NECESSARY MEASURES TO ENSURE MY CHILD'S HEALTH.

PARENT'S SIGNATURE

DATE

PEOPLE AUTHORIZED TO PICK-UP YOUR CHILD:

MOTHER FATHER

OTHER:

1. NAME: _____ RELATION TO THE CHILD: _____

TEL. HOME: (____) _____ TEL. WORK: (____) _____ EXT. : _____ OTHER:(____) _____

2. NAME: _____ RELATION TO THE CHILD: _____

TEL. HOME: (____) _____ TEL. WORK: (____) _____ EXT. : _____ OTHER:(____) _____

NON-AUTHORIZED*: NAME: _____ RELATION TO THE CHILD: _____

* A court document must be submitted.

AUTHORIZATION FOR PROMOTION AND PUBLICITY:

I am aware that The YMCAs of Québec day camps produce promotional materials (video, photographs) which may include my child.

Yes No

SIGNATURE

DATE

AUTHORIZATION FOR OUTINGS:

I hereby authorize the YMCAs of Québec day camp to allow the afore-mentioned child to participate in all outings and all related activities unless otherwise specified in writing.

SIGNATURE

DATE

PRESCHOOL DAY CAMP PARENT INFORMATION GUIDE:

I hereby declare having received the day camp parent information guide and acknowledge and understand all policies and regulations within the guide and will honour them.

SIGNATURE

DATE

HOW DID YOU FIND OUT ABOUT OUR PRESCHOOL DAY CAMP?

- | | | | |
|---------------------------------|---|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Returning camper | <input type="checkbox"/> Poster | <input type="checkbox"/> Banner |
| <input type="checkbox"/> Family | <input type="checkbox"/> Advertisement | <input type="checkbox"/> Internet | <input type="checkbox"/> Other |

ACCESS FOR ALL POLICY:

The YMCAs of Québec has implemented a flexible pricing system allowing all eligible individuals the possibility to benefit from a reduced rate on most of its services. To learn more about rates and procedures, please ask the member services staff or visit www.ymcaquebec.org

CHILDREN WITH SPECIAL NEEDS: Please contact the day camp manager for more information on the registration process. Refer to our website for contact information.

Our day camps aim to integrate children with special needs. The need and eligibility for a shadow will be determined according to specific criteria. For more information on the registration process, please contact the manager of the day camp.

AGE GROUPS	DISCOUNT POLICY
<ul style="list-style-type: none"> • 3 – 5 YEARS 	<ul style="list-style-type: none"> • 10% discount applied to the 2nd, 3rd and 4th child from the same family. • 15% discount for Y Family membership holders. • Discounts can not be combined.

Registration deadline for each camp week is the Wednesday prior to the week you are registering for. After this deadline, please contact the manager of the day camp.

CAMP WEEKS - \$107/week* * 9 a.m. to 1 p.m.	DATE OF POSTDATED PAYMENTS	CHEQUES RECEIVED – for office use only.
<input type="checkbox"/> 1. June 27 th – July 1 st	June 15 th	<input type="checkbox"/>
<input type="checkbox"/> 2. July 4 th – July 8 th	June 22 nd	<input type="checkbox"/>
<input type="checkbox"/> 3. July 11 th – July 15 th	June 29 th	<input type="checkbox"/>
<input type="checkbox"/> 4. July 18 th – July 22 nd	July 6 th	<input type="checkbox"/>
<input type="checkbox"/> 5. July 25 th – July 29 th	July 13 th	<input type="checkbox"/>
<input type="checkbox"/> 6. August 1 st – August 5 th	July 20 th	<input type="checkbox"/>
<input type="checkbox"/> 7. August 8 th – August 12 th	July 27 th	<input type="checkbox"/>
<input type="checkbox"/> 8. August 15 th – August 19 th	August 3 rd	<input type="checkbox"/>
<input type="checkbox"/> 9. Aug. 22 nd – Aug. 26 th	August 10 th	<input type="checkbox"/>

You may switch weeks at any point after registration providing there is space available. A \$10 fee will apply to any switch after June 1st.

PRE AND POST-CAMP CHILD CARE – CHECK THE TIME SLOTS AND DAYS NEEDED					
WEEKS	PRE-CAMP 7:30 TO 9 A.M. – \$4.05/MORNING				
	M	T	W	T	F
1. June 27 th – July 1 st	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. July 4 th – July 8 th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. July 11 th – July 15 th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. July 18 th – July 22 nd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. July 25 th – July 29 th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. August 1 st – August 5 th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. August 8 th – August 12 th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. August 15 th – August 19 th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Aug. 22 nd – Aug. 26 th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PAYMENT

- A \$15 reservation fee per week registered is required at the time of registration. This amount will be deducted from the total amount owed. Please note that in the event of a cancellation, the reservation fee will not be reimbursed.
- The balance of the amount owed must be **post-dated 12 days prior (on the Wednesday)** to the first day of each camp week registered. These post-dated payments must be submitted at the time of registration.
- If paying by cheque, please make them payable to the centre you are registering with.
- A \$15 fee will be charged for any declined payments.
- A \$10 fee will be charged for any switch of weeks after June 1st.

REIMBURSEMENT / CANCELLATIONS

- Full reimbursement, minus the \$15 reservation fee, can be granted **if a written request is received before 12:00 p.m. on the Monday (1 week prior)** preceding the start of a camp week for which your child is registered. A reimbursement will not be granted without the written request.
- **No cancellations or changes will be accepted over the telephone.**
- Absence from day camp does not constitute a withdrawal from the program. A reimbursement will not be granted for those days.

SIGNATURE

DATE