



REGISTRATION FORM

PED DAYS OUTDOOR CAMP

New camper Former camper

PARTICIPANT IDENTIFICATION

First and last name of the participant :

Girl Boy

Same address of: Mother Father

Birth date (dd/mm/yyyy) :

IDENTIFICATION OF PARENTS/LEGAL GUARDIANS (if minor)

First and last name of the mother:

First and last name of the father :

Address :

Address :

City :

City :

Postal code :

Postal code :

Phone number :

Phone number :

Work number :

Work number :

Cellular phone :

Cellular phone :

Email :

Email :

AUTHORIZATION FOR DEPARTURE

Is your child authorized to leave alone : Yes No

People authorized to pick-up your child :

Mother Father Other 1) _____ 2) _____

HEALTH

Health Insurance card number :

Expiry date (yyyy/mm) :

Tetanus vaccine : Yes (year) _____ No

Allergies : Yes No Specify : _____

Does the participant have an epinephrin injection system in case of emergency (EpiPen, Twinject ...)? Yes No

Asthma : Yes No Specify : _____

Other important health information :

Authorizations

• I authorize the officials of Chêne-Bleu Day Camp to take essential decisions for the health and safety of my child and in emergency, to act in my name and to provide necessary medical and/or surgical care for the health of the participating child. **Yes** **No**

• I authorize the officials of Chêne-Bleu Day Camp to give all forms of drugs, that's including the administration of all forms of non-prescription drugs (over-the-counter medication. Acetaminophen (Tylenol) - Anti-emetic (Gravol) - antibiotic cream (Polysporin) - Other (cons cough syrup ...). **Yes** **No**

• I authorize the officials of Chêne-Bleu Day Camp to use photographs and interviews with the participating child for publication in the organization's literature, on television or in other information media. **Yes** **No**

• I accept the payment, reimbursement and information attached and on the Website. www.mon-camp.ca

Signature of the parent or legal guardian

Date

Other person to contact in case of emergency (other than the parents)

First and last name :

Tel. : Home Work Cell.

Of related to the child :

How did I know about Centre Notre-Dame-de-Fatima ?

Reference
 Association des camps du QC
 Newspaper or social network

Flyer
 Our web site
 Directory of activities, municipality
 At school

Specify : _____

À L'ÉTAT naturel

2464, boul. Perrot, Notre-Dame-de-l'Île-Perrot, QC J7V 8P4 info@mon-camp.ca T 514 453-7600

MON-CAMP.CA

Please check the appropriate boxes and report the costs in the TOTAL column.

	PRICE	January 3rd 2019	January 4th 2019	TOTAL
Ped day January 3rd 2019	\$30	<input type="checkbox"/>		
Ped day January 4th 2019	\$30		<input type="checkbox"/>	
Daily Daycare	\$9	<input type="checkbox"/>	<input type="checkbox"/>	
Daily meals	\$9	<input type="checkbox"/>	<input type="checkbox"/>	
GRAND TOTAL:				

MODE OF PAYMENT
For more than 1 participant, add the totals of each registration form and return one payment with all forms.
Centre Notre-Dame-de-Fatima 2464, Perrot, Notre-Dame-de-l'île-Perrot (Quebec) J7V 8P4
Tel. : 514 453-7600 / Fax. : 514 453-7601 / info@mon-camp.ca www.mon-camp.ca

1 : Payment by credit card _____ Card holder _____ Signature	<input type="checkbox"/> Visa / <input type="checkbox"/> Mastercard <input type="checkbox"/> I authorize the Centre to take the total amount of the registration form. No. : _____ Security Code (3 digits) : _____ / Exp. : _____
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