

FORMULAIRE D'INSCRIPTION

SPRING BREAK 2019

	☐ New camper ☐ Former camper						
	IDENTIFICATION						
First and last name of the participant : Girl Boy 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 :						
AUTHORIZATIO	N FOR DEPARTURE						
Is your child authorized to leave alone : Yes No People authorized to pick-up your child : Mother Father Other 1) 2)							
Mother Father Other 1)							
HEALTH	Authorizations						
HEALTH	 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 						
HEALTH Health Insurance card number :	 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 						
HEALTH Health Insurance card number: Expiry date (yyyy/mm): Tetanus vaccine: Yes (year) No Allergies: Yes No Specify:	 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 						
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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	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						
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Spring Prook 2010 Programs						
Spring Break 2019 – Programs Theme: Spring break memories 20 years of the 1999		Price	Camp dates		Total	
summer theme : The mystery of the year 2000).		March 4th to 8th 2019			
Tiny Tots - The bytes		\$ 161	□ 4 - 5 yrs			
Touche-à tout (weekly) The hard drives – kilobytes / megabytes / gigabytes		\$ 156	□ 6 - 14 yrs			
Touche-à-tout (daily) The disks		\$ 39/day	6 - 14 yrs			
			M / TU / W / TH / F			
Day camp with shadow 1:1 or 1:2 The CD-ROM		\$ 482 shadow 1 :1	On demand only Please call us			
		\$ 292.50				
		shadow 1:2		use cuit us		
Day care - daily		\$ 9 / day	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □			
Day care - weekly		\$ 36	-7			
Meals - daily		\$ 9 / day		M/M/1/V		
Meals - weekly		\$ 36				
Bus – daily – Indicate bus stop:		\$ 9 / day		M/M/1/V		
Bus – weekly – Indicate bus stop :		\$ 36				
SUB-TOTAL :						
Rebate for residents of Notre-Dame-de-l'Île-Perrot : -\$55 per week (-\$11 daily)						
Family rebate : 2e child and more : -\$12 per week						
Rebate – 2 optional services weekly : -\$22 per week						
Modification and cancellation policy MODE OF PAYMENT					gistration	
✓ No deadline for registration, modifications or additions.		For more than 1 participant, add the totals of each registration form and return one payment with all forms.				
In case of cancellation over 15 days before the activity, fees of \$25 week, per child, will apply. After this date, there will be no	Centro Notro-Dame-do-Eatima					
reimbursement. In case of sickness or injury, lost days will be refun pro-rata (medical note from doctor is needed).					J7V 8P4	
	Tel. : 5	Tel.: 514 453-7600 / Fax.: 514 453-7601 / info@mon-camp.ca www.mon-camp.ca				
Payment by credit card			www.iiioii	Payment by ch	eque	
rayment by create card				•		
Card holder	Card holder					
	I authorize the o					
amount of the registration form. Make cheque in or Card number				Make cheque in orde	er of CNDF	



Security Code (mandatory)

Expiry date

Card holder signature