



OVERNIGHT CAMP AND RESPITES

REGISTRATION FORM

PARTICIPANT					
First name		Last			
Date of birth		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Lives with	<input type="checkbox"/> Main contact <input type="checkbox"/> Secondary contact <input type="checkbox"/> Other :				
SUMMARY HEALTH FORM					
Health ins. No.		Expiry date			
Hearing	<input type="checkbox"/> Signs (gestural)	Language disability	<input type="checkbox"/> Dysphasia	<input type="checkbox"/> Other :	
Intellectual	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> ASD	
Multiple	<input type="checkbox"/> Shadowing 1:1	<input type="checkbox"/> Shadowing	Other deficiency :		
Swimming level	<input type="checkbox"/> None	<input type="checkbox"/> Average	<input type="checkbox"/> Good	T-Shirt kids	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large
				T-Shirt Ad.	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large
PARENTS / LEGAL GUARDIANS OR FOSTER FAMILY					
Principal respondent (First / last name)					
Address					
City		Province		Postal code	
Home phone		Mobile or work :			
Relationship with participant :		Email			
Secondary respondent (First /last name)					
Address					
City		Provinc		Postal code	
Home phone		Mobile or work :			
Relationship with participant :		Email			
Tax receipts in name of :		S.I.N.		S.I.N. mandatory for tax receipts	
OTHER CONTACT IN CASE OF EMERGENCY (Mandatory)					
Name Contact 1:		Phone :		Relationship	
Name Contact 2 :		Phone :		Relationship	
Social worker :		phone / email :			
How did you hear about the Centre ? <input type="checkbox"/> Reference <input type="checkbox"/> ACQ <input type="checkbox"/> Web site <input type="checkbox"/> Advertising <input type="checkbox"/> School <input type="checkbox"/> Other					



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



OVERNIGHT CAMP AND RESPITES

REGISTRATION FORM

AUTHORIZATIONS

I authorize the person responsible to make appropriate decisions pertaining to the health and safety of the participant. I hereby authorize the management of the Center to act on my behalf in case of emergency in order to administer first aid or other medical and/or surgical care required by the state of health of the participant.

Yes No

I authorize the Centre Notre-Dame-de-Fatima to administer all types of non-prescription medication (over the counter medication), such as Acetaminophen (Tylenol) – Anti-emetic (Gravol) – Antibiotic cream (Polysporin) – Other (cough syrup ...).

Yes No

I authorize the Center to use photographs, and interviews of the participant for distribution in the organization's brochures, on television or other media.

Yes No

The Center does not assume responsibility for lost personal effects or medical expenses. In case of emergency transportation to a health facility, all fees will be incurred by the parents.

I hereby confirm the registration of _____ I accept the terms of payment and refund policy as they appear on the registration form and on the Center's website.

Signature : _____ Date : _____

I WISH TO APPLY FOR FINANCIAL ASSISTANCE FOR THIS PARTICIPANT

Please append the completed form along with your "Notice of Assessment".

We will contact you to validate your eligibility.

★★ PLEASE INCLUDE THE FOLLOWING WITH YOUR REGISTRATION FORM ★★

Photo Health form Terms of payment Authorizations

These forms will be valid for two years (except for financial assistance 1 year)

Send by email at inscription@mon-camp.ca or fax : 514-453-7601

★★★★★



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