

SUMMER CAMP 2024 SUMMER CALENDAR

MANDATORY POLICY

You must provide the Notice of assessment issued by the Canada Revenue Agency, or provide the Notice of assessment issued by the Ministère du Revenu du Québec for the year preceding your stay or the most recent notice received. We must have the annual income of the campers and/or his parents as the case may be. Notice of assessment from the parents or the adult camper, as the case may be.

Check the appropriate boxes and report the costs in the column TOTAL LIMITED PLACES

<u>CHILDREN</u>: 2 stays permitted, for more dates, registration on the waiting list.

<u>ADULTS</u>: 1 stay permitted, 2nd date, registration on the waiting list.

If on the waiting list, we will call you if we have availability. NO 2 WEEKS STAY THIS SUMMER.

	June 23 to 28 (5 nights)	June 30 to July 5 (5 nights)	July 7 to 12 (5 nights)	July 14 to 19 (5 nights)	July 21 to 26 (5 nights)	July 28 to August 2 (5 nights)	August 4 to 9 (5 nights)	August 11 to 16 (5 nights)	TOTAL		
CHILDREN											
CHILDREN/TEENS – 4 - 17 yrs Hearing-language impairment Ratio 1:4	□ \$720	□ \$720	N/D	N/D	□ \$720	N/D	□ \$720	□ \$720			
CHILDREN/TEENS – 4 - 17 yrs Intellectual disability or ASD Ratio 1 :4	□ \$720	□ \$720	N/D	N/D	□ \$720	N/D	\$720	□ \$720			
CHILDREN/TEENS – 4 - 21 yrs Shadow 1:1	\$1050	□ \$1050	N/D	N/D	\$1050	N/D	□ \$1050	\$1050			
CHILDREN/TEENS – 4 - 21 yrs Shadow 1:2	\$870	□ \$870	N/D	N/D	\$870	N/D	□ \$870	□ \$870			
ADULTS											
ADULTS – 18 years and up Intellectual disability or ASD Ratio 1:4	N/D	N/D	□ \$720	□ \$720	N/D	□ \$720	N/D	N/D			
ADULTS – 21 years and up Shadow 1:1	N/D	N/D	□ \$1050	□ \$1050	N/D	□ \$1050	N/D	N/D			
ADULTS – 21 years and up Shadow 1:2	N/D	N/D	□ \$870	□ \$870	N/D	□ \$870	N/D	N/D			
Departure by bus Maison des sourds de Montréal 8141, rue de Bordeaux (going to Fatima)	Sun. 23/06 6:30 pm ☐ \$18.50	Sun. 30/06 6:30 pm ☐ \$18.50	Sun. 07/07 6:30 pm □ \$18.50	Sun. 14/07 6:30 pm □ \$18.50	Sun. 21/07 6:30 pm □ \$18.50	Sun. 28/07 6:30 pm \$18.50	Sun. 04/08 6:30 pm ☐ \$18.50	Sun. 11/08 6:30 pm □ \$18.50			
Arrival by bus <u>Maison des sourds de Montréal</u> 8141, rue de Bordeaux, Mtl. (from de Fatima)	Fri. 28/06 7:00 pm □ \$18.50	Fri. 05/07 7:00 pm \$18.50	Fri. 12/07 7:00 pm □ \$18.50	Fri. 19/07 7:00 pm \$18.50	Fri. 26/07 7:00 pm \$18.50	Fri. 02/08 7:00 pm □ \$18.50	Fri. 09/08 7:00 pm □ \$18.50	Fri. 16/08 7:00 pm \$18.50			
Arrival at CNDF (Beginning stay) I WILL BRING THE CAMPER DIRECTLY TO THE CENTRE	Sun. 23/06 7 :45 pm □ \$0	Sun. 30/06 7 :45 pm □ \$0	Sun. 07/07 7 :45 pm □ \$0	Sun. 14/07 7 :45 pm □ \$0	Sun. 21/07 7 :45 pm □ \$0	Sun. 28/07 7 :45 pm □ \$0	Sun. 04/08 7 :45 pm □ \$0	Sun. 11/08 7 :45 pm □ \$0			
Departure from the Centre (End of stay) I WILL PICK-UP THE CAMPER DIRECTLY AT THE CENTRE	Fri. 28/06 5 :45 pm \$0	Fri. 05/07 5 :45 pm □ \$0	Fri. 12/07 5 :45 pm □ \$0	Fri. 19/07 5 :45 pm \$0	Fri. 26/07 5 :45 pm \$0	Fri. 02/08 5 :45 pm □ \$0	Fri. 09/08 5 :45 pm □ \$0	Fri. 16/08 5 :45 pm \$0			





PAYMENT						
Α	\$50	\$50 Registration fees valid for the year, from mid- June 2024 to mid-June 2025 (Mandatory)				
В		Bus (optional)				
С		Cost of stays (Mandatory)				
D		TOTAL TO BE PAID				

OPTION 1								
☐ I would like to apply for additional financial assistance at the already reduced rate.								
- You must complete the FINANCIAL ASSISTANCE APPLICATION FORM and include a copy of proof of income (notice of assessment)								
- After analysis of your file, we will send you the invoice for the camp costs to be paid.								
OPTION 2	OPTION 2							
☐ in 1 instalment :\$	□ cr	☐ Cheque — In the name of Centre Notre-Dame-de-Fatima						
Amount entered in box D								
Amount payable at registration	□ c	☐ Credit card Please call 514-453-7600 #234						
	P							
OPTION 3								
☐ in 2 instalments :		☐ Interac transfer, here are the informations :						
		Email: directiongenerale@mon-camp.ca Security question to use: what is the camp's code? Password: camp1948						
1st instalment :\$ 50 % of the amount in box D								
Amount payable at registration	-	1 0551101 0 1 00						
Annount payable at registration								
2 nd instalement :	Ś							
50 % of the amount in box D								
Amount payable by May 15th 2024								
Т	o make a p	payment agreement,						
please contact the sales coordinator at 514 453-7600, ext. 234								
DETAIL OF PAYMENT								
☐ Payment done by the parents or legal guardian.								
☐ Payment done by the CISSS, CIUSSS, Public Curator or other organization:								
Name of organization:		Contact person :						
Address :		Telephone :						
		<u> </u>						
		Email :						

CANCELLATION AND MODIFICATION POLICY

For a cancellation within 30 days before the camp, a fee of \$50 per week per participant will be retained. After this date, there will be no refunds. In the event of illness or accident, the days lost will be reimbursed on a pro rata basis (doctor's note mandatory).

