



Camp Registration Form

www.enfantetcompagnie.com

LAST NAME: _____ FIRST NAME: _____

SEX (circle) M F

DATE OF BIRTH ____/____/____ Age as of Sept. 30 2009 _____
Day Month Year

ADDRESS: _____
Number Street Postal Code

HOME TELEPHONE NUMBER: _____

SCHOOL: _____

<p>Cost: \$115/week + taxes (full day) \$ 85/week + taxes (part-time)</p>	<p>Early Bird Rate: \$105/week + taxes (full day) \$ 80/week + taxes (part-time) <i>* Registrations received by April 13, 2009</i></p>
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Check the appropriate shirt size

<input type="radio"/> Small (6-8)	<input type="radio"/> Medium (10-12)	<input type="radio"/> Large (14-16)	<input type="radio"/> Medium (adult)
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REGISTRATION:

Please select **(F)** for full-time option and/ or **(P)** for part-time option

For (P) part-time please indicate the selected days.

***Minimum 2 weeks**

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
June 24	June 29	July 6	July 13	July 20	July 27	Aug. 3	Aug. 10	Aug. 17	Aug. 24

Number of weeks: _____ Cost per week: \$ _____

Total Due: \$ _____ + \$ _____ Taxes = \$ _____

METHOD OF PAYMENT _____

CONTACTS			
Mother's Name	Home Number	Work Number	Cell Number
Father's Name	Home Number	Work Number	Cell Number
Other emergency contact	Home Number	Work Number	Cell Number

MEDICAL INFORMATION

Medicare Number _____ Expiry date _____

Please specify any relevant medical information concerning your child
(i.e, medication, allergies, etc.)

Please note: Parents or guardians are presumed to be aware of their child’s ability to participate in sport and recreational activities. Individuals may choose to consult their family physician.

TERMS AND CONDITIONS

A registration cannot be confirmed unless accompanied by a \$100 deposit for each child attending camp and a postdated cheque, credit card or cash for the balance dated June 1st 2009.

Payments may be made by cash, cheque, Visa or Mastercard.

Should your plans change after June 1st 2009, a refund will be issued **less a service charge of \$25.00 for each week cancelled.**

As of June 1st 2009 all reservations with unpaid account balances will be cancelled. These weeks will be subject to cancellation fees.

Enfant & Compagnie does not refund fees for days missed for any reason once camp has begun.

WAIVER

Enfant & Compagnie, its staff and administration are not responsible for any and all claims of loss and damage to property, however caused, or to any party arising directly or indirectly from the child’s participation in the Summer Camp program.

I hereby grant permission to Enfant & Compagnie Summer Camp to take pictures of my son/daughter during his/her camp activities. I authorize the camp to use these pictures for publicity purposes such a pamphlets and website.

I am aware of the terms and conditions and the type of camp in which I have registered my child.

Date: _____ **Parent’s signature:** _____

Email: _____

To be completed to receive an income tax receipt - Relevé 24

Social insurance number of the individual paying the registration fees: _____

Last name: _____ First Name _____

Address: _____
Number Street City Postal Code