



enfant & compagnie

café - boutique - halte-garderie - ateliers - fêtes

### CAMP REGISTRATION FORM

Charles Bruneau – Auteuil, Laval- 2017

(ages 4-12)

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>GENDER (circle) M F</b>
<b>DATE OF BIRTH</b> ____/____/____ DAY MONTH YEAR	<b>SCHOOL</b>	<b>AGE</b>

**ADDRESS:** \_\_\_\_\_  
 Number Street Postal Code City

CAMP FEES	OTHER FEES (LUNCH & DAYCARE)
<b>ARTS &amp; ATHLETIC CAMP – Early Bird Camp Rate</b> *Registrations received by March 27, 2017 \$145/week - full day \$105/week – 3 days (part-time)  <b>ARTS &amp; ATHLETIC CAMP – Regular Camp Rate</b> *Registrations received after March 27, 2017 \$155/week - full day \$110/week – 3 days	<b>DAYCARE (7:15 am-8:45am &amp; 4:15pm-6:00pm)</b> \$25/ week - full day option (morning & evening) or \$6/day for both mornings AND evenings or \$4/day for mornings OR evenings  <b>MEAL PLAN</b> a. <b>Complete Lunch:</b> \$10.00/ day (1 main dish, 2 beverages, 2 snacks) b. <b>Main Meal Option</b> \$6.00/day (1 main dish and 1 beverage)

## REGISTRATION

Please check  the desired weeks in the boxes below.

Week 2 July 4	Week 3 July 10	Week 4 July 17	Week 5 July 24	Week 6 July 31	Week 7 Aug. 7	Week 8 Aug. 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Activity	Cost	# of weeks	Total
ARTS & ATHLETICS Camp (# OF WEEKS X AMOUNT)			
Daycare fees			
Registration fee (non-refundable)	\$20		\$20
Additional camp t-shirt/s (one t-shirt is provided free with registration)	\$12		
Meal Plan (optional)			

**TOTAL DUE** \_\_\_\_\_ - \$100 deposit ( \_\_\_\_\_ check if deposit paid) = **BALANCE DUE** \_\_\_\_\_

**PAID IN FULL** (yes) (no) If paid in full please indicate date of final payment \_\_\_\_\_

**IF PAYING BY CREDIT CARD** CARD # \_\_\_\_\_ EXPIRY DATE (MM/YY) \_\_\_\_\_

Please note: Remaining balance will be charged in full on June 1<sup>st</sup>, 2017) I hereby authorize Enfant & Compagnie to process my credit card for the balance due. **Signature** \_\_\_\_\_ Date \_\_\_\_\_

### IF PAYING BY CHEQUE

NAME ON CHEQUE \_\_\_\_\_ CHEQUE # \_\_\_\_\_ AMOUNT \_\_\_\_\_

(Please note: A cheque for the full balance must be dated on or before June 1<sup>st</sup>, 2017 and will be deposited on June 1<sup>st</sup>, 2017)

### IF PAYING WITH CASH

AMOUNT PAID \_\_\_\_\_ Date \_\_\_\_\_

**Please read terms and Conditions on page 2**

## 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 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 (please read carefully)

**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 1<sup>st</sup> 2017.** Payments may be made by cash, cheque, Visa or Mastercard. Should your plans change before June 1<sup>st</sup> 2017, a refund will be issued **less a service charge of \$50.** After June 1<sup>st</sup> 2017, all reservations with unpaid account balances will be cancelled. These weeks will be subject to cancellation fees at a rate of \$40/week along with the \$100 deposit. **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 am aware of the terms and**

**conditions of Camp Enfant & Compagnie. Parent's signature:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **Email (PLEASE PRINT):** \_\_\_\_\_

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

Social insurance number of the individual paying the camp fees: \_\_\_\_\_

Last name: \_\_\_\_\_ First Name \_\_\_\_\_

Address: \_\_\_\_\_

Number

Street

City

Postal code

**\*\*\*Please clearly fill out your email and all other relevé 24 information. If this is not completed or legible, Enfant et Compagnie will not contact you for the said information\*\*\***

### REGISTRATION:

**BY MAIL (head office: 4687 Lavoisier, St. Léonard, H1R 3E9),**

**BY EMAIL (scan and send document to [info@enfantetcompagnie.com](mailto:info@enfantetcompagnie.com)),**

**IN PERSON (4687 Lavoisier, St. Léonard, H1R 3E9)**

[www.enfantetcompagnie.com](http://www.enfantetcompagnie.com)

514-327-8484