



enfant & compagnie

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# CAMP REGISTRATION FORM

## Charles Bruneau – Auteuil, Laval- 2020

(ages 4-12)

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

CAMP FEES	OTHER FEES (LUNCH & DAYCARE)
<b>ARTS &amp; ATHLETIC CAMP – Regular Camp Rate</b>  \$185/week – 5 days \$135/week – 3 days	<b>DAYCARE (7:15 am-9:00am &amp; 4:00pm-6:00pm)</b> \$30/ week - full day option (morning & evening) or \$7/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, 3 beverages, 3 snacks) b. <b>Main Meal Option</b> \$7.00/day (1 main dish, 1 snack, and 1 beverage)

### REGISTRATION

Please circle the desired days/weeks in the boxes below.

July 6	July 13	July 20	July 27	August 3	August 10	August 17
M-T-W-T-F	M-T-W-T-F	M-T-W-T-F	M-T-W-T-F	M-T-W-T-F	M-T-W-T-F	M-T-W-T-F

Activity	Cost	# of weeks	Total
ARTS & ATHLETICS Camp (# OF WEEKS X AMOUNT)			
Daycare fees			
Registration fee (non-refundable)	\$25		\$25
Additional camp t-shirt/s (one t-shirt is provided free with registration)	\$15		
Meal Plan (optional)			

**TOTAL DUE** \_\_\_\_\_ (total must be paid in full at time of registration)

**PAID IN FULL** (yes) (no)

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

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 \_\_\_\_\_

(NO POST-DATED CHEQUES)

**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 payment in full.** Once camp has started, and weeks must be cancelled, a reimbursement will be issued, less a fee of \$40/week cancelled. **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:** \_\_\_\_\_

## 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

**EMAIL (PLEASE PRINT):** \_\_\_\_\_

**\*\*\*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\*\*\***

For internal use only

### 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)),  
[www.enfantetcompagnie.com](http://www.enfantetcompagnie.com)  
514-327-8484