



enfant & compagnie

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CAMP REGISTRATION FORM

Extrême Evolution – Chomedey, Laval- 2018

Ages 4-12 & 13-15

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

ADDRESS: _____
 Number Street Postal Code City

CAMP FEES	DAYCARE FEES
TRAINING & SPORTS CAMP Rate \$195 /week - full day \$135 /3 days (part-time) \$125 HALF-DAY (Morning ONLY)	DAYCARE (7:15 am-8:45am & 4:15pm-6:00pm) \$30/ week - full day option (morning & evening) or \$7/day for both mornings AND evenings or \$4/day for mornings OR evenings

REGISTRATION

Please check the desired weeks in the boxes below.

Week 1 June 25	Week 2 July 2	Week 3 July 9	Week 4 July 16	Week 5 July 23	Week 6 July 30	Week 7 Aug. 6	Week 8 Aug. 13	Week 9 Aug. 20
<input type="checkbox"/>	<input type="checkbox"/>	<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
TRAINING & SPORTS 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	_____	_____

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 1st, 2018) 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 1st, 2018 and will be deposited on June 1st, 2018)

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 1st 2018. The \$100 deposit is non-refundable should you choose to cancel your registration. After June 1st 2018, all reservations with unpaid account balances will be automatically cancelled and the deposit will not be reimbursed. 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*****

REGISTRATION:

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

BY EMAIL (scan and send document to info@enfantetcompagnie.com),

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

www.enfantetcompagnie.com

514-327-8484

