



**enfant & compagnie**  
 café • boutique • halte-garderie • ateliers • fêtes

**SPRING BREAK REGISTRATION  
 ST. LEONARD - 2014**

**Open to all!  
 Spread the  
 word!**

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

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

CAMP FEES	DAYCARE FEES
<b>ARTS &amp; ATHLETIC CAMP</b> \$30/day \$125/5 days	<b>(7:15am – 8:30am &amp; 4:15pm – 6:00pm)</b> \$6/day for both mornings AND evenings \$4/day for mornings OR evenings) \$25/week for 5 days

**REGISTRATION** Please check off desired days

MARCH 3	MARCH 4	MARCH 5	MARCH 6	MARCH 7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TOTAL DUE** \_\_\_\_\_ (please note: camp must be paid in full upon registration)

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

**IF PAYING BY CHEQUE** NAME ON CHEQUE \_\_\_\_\_ CHEQUE # \_\_\_\_\_ AMOUNT \_\_\_\_\_

**IF PAYING WITH CASH** AMOUNT PAID \_\_\_\_\_ Date \_\_\_\_\_

**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** (please read carefully)

Payments may be made by cash, cheque, Visa or Mastercard. **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 am aware of the terms and conditions of Camp Enfant & Compagnie.

**Parent's signature:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Email:** \_\_\_\_\_

**SCHEDULE**

MARCH 3	MARCH 4	MARCH 5	MARCH 6	MARCH 7
Kidscience – Gummy Candy	Kidchef: Homemade pasta	Sports	Sports	Pyjama party
Dino Discovery	Robotics	Cookie-decorating	Kidscience: Goop	Hot chocolate
Outdoor activities	Outdoor activities	Wacky snowman contest	Art: Stained glass frames	Karaoke
Sports	Sports	Outdoor activities	Outdoor activities	Outdoor activities
				Sports

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