

SPRING BREAK CAMP REGISTRATION ST. LEONARD - 2020

Open to all! Spread the word!

Camp will be held at Café Enfant et Compagnie, 4687 Lavoisier, Saint Léonard, H1R 3E9

LAST NAME		T NAME	Gender (circle) M F		
DATE OF BIRTH//	SCH	IOOL	AGE		
ADDRESS: Street		Postal Code	City		
CAMP FEES		OTHER FEES (LUNCH & DAYCARE)			
SPRING BREAK CAMP Rates (9AM-4PM) \$160/week \$40/day		DAYCARE (7:15 am-9:00am & 4:00pm-6:00 \$30/ week - full day option (morning & eve \$7/day for both mornings AND evenings or \$4/day for mornings OR evenings MEAL PLAN a. Complete Lunch: \$10.00/ day (1 main displaces) b. Main Meal Option \$7.00/day (1 main displaces)	ning) or ish + sides, 3 beverages, 2		

Monday March 2	Tuesday March 3	Wednesday March 4	Thursday March 5	Friday March 6	
KidChef Donut Decorating	KidChef Tacos	KidChef Homemade Pasta	KidChef Salads & Smoothies	KidChef Funfetti Vanilla Cupcakes	
KangooFit	FunFit Hour	Karaoke	ıraoke PoundFi t		
KidScience Glitter Bouncy Ball	KidScience Owl Pellet	KidScience Geodes	KidScience Ice Cream	KidScience Magical Water Blossom	
Outdoor Activ.	Outdoor Activities	Outdoor Activities	Outdoor Activ.	Outdoor Activities	
Robotics & Construction	Robotics & Construction	Robotics & Construction	Robotics & Construction	Robotics & Construction	
Jewelry-making	T-shirt Decorating	Grasshead	Picture Frame Decorating	Bubble Bath Soap Bar	

Activi	Cost	# of days	Total					
SPRING BREAK Camp Full week (\$160) Daily rate (\$40/day X #of days) →check off selected days in table ab								
Daycare fees								
Meal Plan (optional)								
IF PAYING BY CHEQUE NAME O	EXPIRY DATE (MM/YY) CHEQUE # AMOUNT Date							
CONTACTS								
Mother's Name	Home Number	Work Number	Cell	Cell Number				
Father's Name	Home Number	Work Number	Cell	Cell Number				
Other emergency contact	Home Number	Work Number	Cell	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 (plea	se 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 Spring Camp program. I am aware of the terms and conditions of Camp Enfant & Compagnie. Parent's signature: DATE Email:								
To be completed to receive an income tax receipt - Relevé 24								
Social insurance number of the individual paying the camp fees:								
Number	Street	City	F	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: Enfant & Compagnie, 4687 Lavoisier, St. Léonard, H1R 3E9),
BY EMAIL (scan and send document to info@enfantetcompagnie.com),
IN PERSON (Enfant & Compagnie, 4687 Lavoisier, St. Léonard, H1R 3E9)
www.enfantetcompagnie.com
514-327-8484