



enfant & compagnie

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CAMP REGISTRATION FORM ST. LEONARD – ENFANT & COMPAGNIE - 2021 (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)
ARTS & ATHLETIC CAMP – Camp Rate \$170/week – 5 days \$120/week – 3 days	DAYCARE (7:15 am-9:00am & 4:00pm-6:00pm) \$30/ week - full day option (morning & evening) or \$7/day for both mornings AND evenings or \$4/day for mornings OR evenings MEAL PLAN a. Complete Lunch: \$10.00/ day (1 main dish, 3 beverages, 3 snacks) b. Main Meal Option \$7.00/day (1 main dish, 1 snack, and 1 beverage)

REGISTRATION

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

June 28	July 5	July 12	July 19	July 26	Aug. 2	Aug. 9	Aug. 16	Aug. 23	Aug. 30
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	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 _____

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

PERMISSION TO SWIM _____ YES _____ NO _____ WADING POOL ONLY

(ALL CHILDREN UNDER 8 YEARS OLD ARE REQUIRED TO STAY IN THE WADING POOL)

Ratio=5 children/1 monitor in wading pool at all times Ratio=8 children/1 monitor in larger pool at all times

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),

www.enfantetcompagnie.com

514-327-8484