

DOWNTOWN Y CENTRE DAY CAMP 2012

(PLEASE PRINT)

FAMILY INFORMATION:

PICTURE OF YOUR CHILD MANDATORY AT REGISTRATION	CHILD: _____, _____ <small>FAMILY NAME FIRST NAME</small>
	DATE OF BIRTH: ____/____/____ AGE: ____ yrs <input type="checkbox"/> M <input type="checkbox"/> F <small>DAY MTH YR</small>
	GR. COMPLETED, JUNE 30TH 2012: _____ SCHOOL: _____
	LANGUAGES SPOKEN: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: _____
ADDRESS: _____ <small>NUM. ST. APT CITY AND POSTAL CODE</small>	
HAS YOUR CHILD TAKEN SWIMMING LESSONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
THEIR LAST LEVEL PASSED? _____ WHERE DID YOUR CHILD TAKE THEM? _____	
MOTHER: _____, _____ <small>MAIDEN NAME FIRST NAME</small>	
TEL. HOME: (____) _____ TEL. WORK: (____) _____ EXT. : _____	
CELL: (____) _____ E-MAIL: _____	
FATHER: _____, _____ <small>FAMILY NAME FIRST NAME</small>	
TEL. HOME: (____) _____ TEL. WORK: (____) _____ EXT. : _____	
CELL: (____) _____ E-MAIL: _____	

EMERGENCY CONTACTS OTHER THAN PARENTS:

1. NAME: _____ RELATION TO THE CHILD: _____
TEL. HOME: (____) _____ TEL. WORK: (____) _____ EXT. : _____ OTHER:(____) _____
2. NAME: _____ RELATION TO THE CHILD: _____
TEL. HOME: (____) _____ TEL. WORK: (____) _____ EXT. : _____ OTHER:(____) _____

INCOME TAX RECEIPT

INDICATE THE NAME OF THE PERSON PAYING. HE/SHE WILL RECEIVE THE INCOME TAX RECEIPT.

NAME: _____ S.I.N.: _____

MEDICAL INFORMATION:

For children with special needs, please contact the manager of the day camp for more information on the registration process. Refer to our website for contact information.

MEDICARE NUMBER:

_____ NUMBER _____ EXPIRY DATE

Does your child have any of the following?

- Epilepsy Haemophilia Hearing problems Diabetes Hyperactivity
- Incontinence Vision troubles Speech impediment Asthma
- Allergies, specify: _____

Other, please specify: _____

Is your child presently taking medication? Yes No

If yes, which one? _____

Does your child need to carry an EpiPen? Yes No

Are there any other physical or emotional factors concerning your child that you would like us to be aware of?

IN CASE OF AN EMERGENCY, I HEREBY AUTHORIZE THOSE RESPONSIBLE FOR MY CHILD'S CARE TO TAKE THE NECESSARY MEASURES TO ENSURE MY CHILD'S HEALTH.

PARENT'S SIGNATURE DATE

PEOPLE AUTHORIZED TO PICK-UP YOUR CHILD:

MOTHER FATHER

OTHER:

1. NAME: _____ RELATION TO THE CHILD: _____

TEL. HOME: (____) _____ TEL. WORK: (____) _____ EXT. : _____ OTHER:(____) _____

2. NAME: _____ RELATION TO THE CHILD: _____

TEL. HOME: (____) _____ TEL. WORK: (____) _____ EXT. : _____ OTHER:(____) _____

NON-AUTHORIZED*: NAME: _____ RELATION TO THE CHILD: _____

* If the non-authorized person is the other parent, a court document must be submitted.

AUTHORIZATION TO LEAVE THE DAY CAMP UNSUPERVISED (12 yrs +):

I, the undersigned, _____, being the mother father guardian
of _____, authorize my child to leave the day camp alone every day,
releasing The YMCAs of Québec of all responsibilities, except when specified in writing.

SIGNATURE DATE

AUTHORIZATION FOR PROMOTION AND PUBLICITY:

I am aware that The YMCAs of Québec day camps produce promotional materials (video, photographs) which may include my child.

Yes, I accept No, I do not accept

SIGNATURE DATE

AUTHORIZATION FOR OUTINGS:

I hereby authorize the YMCAs of Québec day camp to allow the afore-mentioned child to participate in all outings and all related activities unless otherwise specified in writing.

SIGNATURE DATE

DAY CAMP PARENT INFORMATION GUIDE:

I hereby declare having received the YMCAs of Québec day camps' parent guide.

SIGNATURE DATE

HOW DID YOU FIND OUT ABOUT OUR DAY CAMP?

- Friend Returning camper Poster Banner Camp fair
 School Advertisement Internet, please specify: _____ Other

ACCESS FOR ALL POLICY:

The YMCAs of Québec has implemented a flexible pricing system allowing all eligible individuals the possibility to benefit from a reduced rate on most of its services. To learn more about rates and procedures, please ask the member services staff or visit www.ymcaquebec.org

CHILDREN WITH SPECIAL NEEDS: Please contact the day camp manager for more information on the registration process. Refer to our website for contact information.

Our day camps aim to integrate children with special needs. The need and eligibility for a shadow will be determined according to specific criteria. For more information on the registration process, please contact the manager of the day camp.

AGE GROUPS		DISCOUNT POLICY
<input type="checkbox"/> 5 YEARS	<input type="checkbox"/> 6 YEARS	<ul style="list-style-type: none"> • 10% discount applied to the 2nd, 3rd and 4th child from the same family. • 15% discount for Y Family membership holders. • Discounts can not be combined.
<input type="checkbox"/> 7-8 YEARS	<input type="checkbox"/> 9-12 YEARS	

Registration deadline for each camp week is the Wednesday prior to the week you are registering for. After this deadline, please contact the manager of the day camp.

CAMP WEEKS - \$176/week* * week 9 : please add \$15 to regular camp fee for one-day outing at the Y Kanawana Camp & Outdoor Centre	DATE OF POSTDATED PAYMENTS	CHEQUES RECEIVED – for office use only.
<input type="checkbox"/> 1. June 25 th – June 29 th	June 13 th	<input type="checkbox"/>
<input type="checkbox"/> 2. July 2 nd – July 6 th	June 20 th	<input type="checkbox"/>
<input type="checkbox"/> 3. July 9 th – July 13 th	June 27 th	<input type="checkbox"/>
<input type="checkbox"/> 4. July 16 th – July 20 th	July 4 th	<input type="checkbox"/>
<input type="checkbox"/> 5. July 23 rd – July 27 th	July 11 th	<input type="checkbox"/>
<input type="checkbox"/> 6. July 30 th – August 3 rd	July 18 th	<input type="checkbox"/>
<input type="checkbox"/> 7. August 6 th – August 10 th	July 25 th	<input type="checkbox"/>
<input type="checkbox"/> 8. August 13 th – August 17 th	August 1 st	<input type="checkbox"/>
<input type="checkbox"/> 9. August 20 th – August 24 th	August 8 th	<input type="checkbox"/>

You may switch weeks at any point after registration providing there is space available. A \$10 fee will apply to any switch after June 1st.

PRE AND POST-CAMP CHILD CARE – CHECK THE TIME SLOTS AND DAYS NEEDED										
WEEKS	PRE-CAMP 8 TO 9 A.M. – \$3/MORNING					POST-CAMP 5 TO 6 P.M. - \$3/AFTERNOON				
	M	T	W	T	F	M	T	W	T	F
1. June 25 th – June 29 th	<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"/>	<input type="checkbox"/>
2. July 2 nd – July 6 th	<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"/>	<input type="checkbox"/>
3. July 9 th – July 13 th	<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"/>	<input type="checkbox"/>
4. July 16 th – July 20 th	<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"/>	<input type="checkbox"/>
5. July 23 rd – July 27 th	<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"/>	<input type="checkbox"/>
6. July 30 th – August 3 rd	<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"/>	<input type="checkbox"/>
7. August 6 th – August 10 th	<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"/>	<input type="checkbox"/>
8. August 13 th – August 17 th	<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"/>	<input type="checkbox"/>
9. August 20 th – August 24 th	<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"/>	<input type="checkbox"/>

PAYMENT

- A \$15 reservation fee per week registered is required at the time of registration. This amount will be deducted from the total amount owed. Please note that in the event of a cancellation, the reservation fee will not be reimbursed.
- The balance of the amount owed must be **post-dated 12 days prior (on the Wednesday)** to the first day of each camp week registered. These post-dated payments must be submitted at the time of registration.
- If paying by cheque, please make them payable to the centre you are registering with.
- A \$15 fee will be charged for any declined payments.
- A \$10 fee will be charged for any switch of weeks after June 1st.

REIMBURSEMENT / CANCELLATIONS

- Full reimbursement, minus the \$15 reservation fee, can be granted **if a written request is received before 12:00 p.m. on the Monday (1 week prior)** preceding the start of a camp week for which your child is registered. A reimbursement will not be granted without the written request. **No cancellations or changes will be accepted over the telephone.**
- Absence from day camp does not constitute a withdrawal from the program. A reimbursement will not be granted for those days.

SIGNATURE

DATE