



**WEST ISLAND Y CENTRE  
EXPLORERS / LEADERS - IN - TRAINING  
DAY CAMP 2012**

(PLEASE PRINT)

FAMILY INFORMATION:	
<b>PICTURE OF YOUR CHILD</b>  <b>MANDATORY AT REGISTRATION</b>	<p><b>CHILD:</b> _____, _____  <small style="margin-left: 100px;">FAMILY NAME</small> <span style="margin-left: 200px;"><small>FIRST NAME</small></span></p> <p><b>DATE OF BIRTH:</b> ____ / ____ / ____ <b>AGE:</b> ____ yrs <input type="checkbox"/> M <input type="checkbox"/> F  <small style="margin-left: 100px;">DAY MTH YR</small></p> <p><b>GR. COMPLETED, JUNE 30<sup>TH</sup> 2012:</b> _____ <b>SCHOOL:</b> _____</p> <p><b>LANGUAGES SPOKEN:</b> <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: _____</p> <p><b>ADDRESS:</b> _____  <small style="margin-left: 100px;">NUM. ST. APT CITY AND POSTAL CODE</small></p> <p><b>HAS YOUR CHILD TAKEN SWIMMING LESSONS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p><b>THEIR LAST LEVEL PASSED?</b> _____ <b>WHERE DID YOUR CHILD TAKE THEM?</b> _____</p>	
<p><b>MOTHER:</b> _____, _____  <small style="margin-left: 100px;">LAST NAME</small> <span style="margin-left: 200px;"><small>FIRST NAME</small></span></p> <p><b>TEL. HOME:</b> (____) _____ <b>TEL. WORK:</b> (____) _____ <b>EXT. :</b> _____</p> <p><b>CELL:</b> (____) _____ <b>E-MAIL:</b> _____</p>	
<p><b>FATHER:</b> _____, _____  <small style="margin-left: 100px;">FAMILY NAME</small> <span style="margin-left: 200px;"><small>FIRST NAME</small></span></p> <p><b>TEL. HOME:</b> (____) _____ <b>TEL. WORK:</b> (____) _____ <b>EXT. :</b> _____</p> <p><b>CELL:</b> (____) _____ <b>E-MAIL:</b> _____</p>	

EMERGENCY CONTACTS OTHER THAN PARENTS:
<p><b>1. NAME:</b> _____ <b>RELATION TO THE CHILD:</b> _____</p> <p><b>TEL. HOME:</b> (____) _____ <b>TEL. WORK:</b> (____) _____ <b>EXT. :</b> _____ <b>OTHER:(____)</b> _____</p>
<p><b>2. NAME:</b> _____ <b>RELATION TO THE CHILD:</b> _____</p> <p><b>TEL. HOME:</b> (____) _____ <b>TEL. WORK:</b> (____) _____ <b>EXT. :</b> _____ <b>OTHER:(____)</b> _____</p>

INCOME TAX RECEIPT
<p><b>INDICATE THE NAME OF THE PERSON PAYING. HE/SHE WILL RECEIVE THE INCOME TAX RECEIPT.</b></p> <p><b>NAME:</b> _____ <b>S.I.N.:</b> _____</p>

**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:**

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](http://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"/> EXPLORERS / LEADERS – IN - TRAINING (12 – 17 YRS)	<ul style="list-style-type: none"> <li>• 10% discount applied to the 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> child from the same family.</li> <li>• 15% discount for Y Family membership holders.</li> <li>• <b>Discounts can not be combined.</b></li> </ul>

**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 - \$178/week	DATE OF POSTDATED PAYMENTS	CHEQUES RECEIVED – for office use only.
<input type="checkbox"/> 1. June 25 <sup>th</sup> – June 29 <sup>th</sup>	June 13 <sup>th</sup>	<input type="checkbox"/>
<input type="checkbox"/> 2. July 2 <sup>nd</sup> – July 6 <sup>th</sup>	June 20 <sup>th</sup>	<input type="checkbox"/>
<input type="checkbox"/> 3. July 9 <sup>th</sup> – July 13 <sup>th</sup>	June 27 <sup>th</sup>	<input type="checkbox"/>
<input type="checkbox"/> 4. July 16 <sup>th</sup> – July 20 <sup>th</sup>	July 4 <sup>th</sup>	<input type="checkbox"/>
<input type="checkbox"/> 5. July 23 <sup>rd</sup> – July 27 <sup>th</sup>	July 11 <sup>th</sup>	<input type="checkbox"/>
<input type="checkbox"/> 6. July 30 <sup>th</sup> – August 3 <sup>rd</sup>	July 18 <sup>th</sup>	<input type="checkbox"/>
<input type="checkbox"/> 7. August 6 <sup>th</sup> – August 10 <sup>th</sup>	July 25 <sup>th</sup>	<input type="checkbox"/>
<input type="checkbox"/> 8. August 13 <sup>th</sup> – August 17 <sup>th</sup>	August 1 <sup>st</sup>	<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 1<sup>st</sup>.**

**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 **WEST ISLAND Y CENTRE**.
- A \$15 fee will be charged for any declined payments.
- A \$10 fee will be charged for any switch of weeks after June 1<sup>st</sup>.

**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