

**WEST ISLAND Y CENTRE
PRESCHOOL DAY CAMP 2012**

(PLEASE PRINT)

FAMILY INFORMATION:

| | |
|--|--|
| PICTURE OF YOUR CHILD MANDATORY AT REGISTRATION | CHILD: _____, <small style="margin-left: 100px;">FAMILY NAME</small> <small>FIRST NAME</small> |
| | DATE OF BIRTH: ____/____/____ AGE: ____ yrs <input type="checkbox"/> M <input type="checkbox"/> F <small style="margin-left: 100px;">DAY MTH YR</small> |
| | LANGUAGES SPOKEN: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: _____ |
| | ADDRESS: _____ <small style="margin-left: 100px;">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 style="margin-left: 100px;">LAST NAME</small> <small>FIRST NAME</small> | |
| TEL. HOME: (____) _____ TEL. WORK: (____) _____ EXT. : _____ | |
| CELL: (____) _____ E-MAIL: _____ | |
| FATHER: _____, <small style="margin-left: 100px;">FAMILY NAME</small> <small>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:

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 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

PRESCHOOL 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 PRESCHOOL 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

| AGE GROUPS | DISCOUNT POLICY |
|---|---|
| <input type="checkbox"/> 2½ – 3½ YEARS <input type="checkbox"/> 3½– 5 YEARS * * Possibility of full days. Please complete full day camp registration form. | <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. |

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 - \$109/week 9 a.m. to 1 p.m. | 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.

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