



# DAY CAMP 2016 REGISTRATION FORM

## CHILD'S IDENTIFICATION

First name	<input type="text"/>	Date of birth	<input type="text"/>
Last name	<input type="text"/>	Actually school degree	<input type="text"/>
Address	<input type="text"/>	Spoken language	French <input type="checkbox"/> English <input type="checkbox"/>
City	<input type="text"/>	Swimming ability:	
Postal code	<input type="text"/>	Swims well	<input type="checkbox"/>
Health ins. #	<input type="text"/>	Swims with difficulty	<input type="checkbox"/>
		Can not swim	<input type="checkbox"/>
		Required to wear a floating device	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Illnesses and/or allergies		Medication to administering	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Specify	<input type="text"/>		

## FATHER'S IDENTIFICATION

First name	<input type="text"/>
Last name	<input type="text"/>
Check if is the same address as your child	<input type="checkbox"/>
Address	<input type="text"/>
City	<input type="text"/>
Postal code	<input type="text"/>
Home phone	<input type="text"/>
Work phone	<input type="text"/>
Cellular phone	<input type="text"/>

## MOTHER'S IDENTIFICATION

First name	<input type="text"/>
Last name	<input type="text"/>
Check if is the same address as your child	<input type="checkbox"/>
Address	<input type="text"/>
City	<input type="text"/>
Postal code	<input type="text"/>
Home phone	<input type="text"/>
Work phone	<input type="text"/>
Cellular phone	<input type="text"/>

**PERSON TO CONTACT  
IN CASE OF EMERGENCY**  
(OTHER THAN PARENTS)

Name

Home phone

Work phone

Cellular phone

**AUTHORIZED TO LEAVE  
THE DAY CAMP SITE**

Person authorized to com pick up the child

Father  Mother

**DAY CAMP**

**ALL SUMMER**

**4 WEEK BLOCK**

(Select weeks)

**WEEKLY BASIS**

cost of outing not included)

**WEEK 1**   
June 27 to July 1

**WEEK 2**   
July 4 to 8

**WEEK 3**   
July 11 to 15

**WEEK 4**   
July 18 to 22

**WEEK 5**   
July 25 to 29

**WEEK 6**   
August 1 to 5

**WEEK 7**   
August 8 to 12

**WEEK 8**   
August 15 to 19

**MONITORING SERVICE**

**ALL SUMMER**

**4 WEEK BLOCK**

(Select weeks)

**WEEKLY BASIS**

**WEEK 1**   
June 27 to July 1

**WEEK 2**   
July 4 to 8

**WEEK 3**   
July 11 to 15

**WEEK 4**   
July 18 to 22

**WEEK 5**   
July 25 to 29

**WEEK 6**   
August 1 to 5

**WEEK 7**   
August 8 to 12

**WEEK 8**   
August 15 to 19

**Total**

Make your check payable to: **CORPORATION DES LOISIRS DU CANTON DE HATLEY**

CANTON DE HATLEY  
4785, chemin de Capelton  
Canton-de-Hatley (Québec) J0B 2C0

\*\*FOR PRICES, PLEASE REFER TO THE RATES TABLE

Name of the paying parent for income tax purposes

Social insurance #

# 2016 RATES

<b>DAY CAMP</b>				
	<b>RESIDENT</b>		<b>NON-RESIDENT</b>	
	Until May 20 <sup>th</sup>	After May 20 <sup>th</sup>	Until May 20 <sup>th</sup>	After May 20 <sup>th</sup>
<b>ALL SUMMER - 8 WEEKS</b>				
1 <sup>st</sup> child	320 \$	384 \$	480 \$	576 \$
2 <sup>nd</sup> child	300 \$	360 \$	450 \$	540 \$
3 <sup>rd</sup> child	280 \$	336 \$	420 \$	504 \$
<b>4 WEEK BLOCK - YOUR CHOICE</b>				
1 <sup>st</sup> child	200 \$	240 \$	292 \$	350 \$
2 <sup>nd</sup> child	180 \$	216 \$	262 \$	314 \$
3 <sup>rd</sup> child	160 \$	192 \$	232 \$	288 \$
<b>BY THE WEEK</b>				
Each child	60 \$	70 \$	90 \$	107 \$

<b>OUTINGS</b>	
<b>ADDITIONNAL COST FOR BY THE WEEK REGISTRATION 30 \$</b>	
Week 1	Centre d'amusement Rigolo + cinéma Galaxy
Week 2	Village québécois d'antan
Week 3	Camping Parc de la gorge de Coaticook + Foresta Lumina
Week 4	Laser Plus + Vertige Escalade
Week 5	Medival day at Val Estrie
Week 6	Night in the forest
Week 7	Outdoors activities at Val Estrie
Week 8	Parc aquatique Bromont

<b>DAYCARE SERVICE</b>	
Each child	28 \$ per week

# AUTHORIZATION PICTURES & OUTINGS



This summer, we will take some pictures of your child (children) during the activities or outings.

I authorize the municipality of Canton de Hatley to take some pictures of my child (children).

Yes  No

I authorize the municipality of Canton de Hatley to use those pictures on its website and/or publicity/program. \*

Yes  No

*\* The municipality of Canton de Hatley refrains from using those pictures in a matter that might infringe on a person's privacy or reputation.*

This summer, we will participate in some activities that will require a bus transportation.

I authorize my child (children) to participate in outing activities and I release the Corporation des loisirs du Canton de Hatley of any responsibility in case of an accident during the transportation or at the places of outing. \*

Yes  No

This summer, we will walk to various sites in the village of North Hatley (ex. gym, park, NHRS)

I authorize my child (children) to participate in these activities in the village

Yes  No

*\* If you refuse that your(s) child (children) participate in the outings, you will have to keep him (them) at home during those days because there will be no activity at the Day camp.*



Child (children)'s name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's/tutor signature: \_\_\_\_\_

Date: \_\_\_\_\_