



# DAY CAMP 2017 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"/>
Home phone	<input type="text"/>
Work phone	<input type="text"/>
Cellular phone	<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"/>

## MOTHER'S IDENTIFICATION

First name	<input type="text"/>
Last name	<input type="text"/>
Home phone	<input type="text"/>
Work phone	<input type="text"/>
Cellular phone	<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"/>

**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**

(first 8 weeks only)

**4 WEEK BLOCK**

(select weeks)

**WEEKLY BASIS**

(select weeks - outing not included)

**WEEK 1**

June 26 to 30

**WEEK 2**

July 3 to 7

**WEEK 3**

July 10 to 14

**WEEK 4**

July 17 to 21

**WEEK 5**

July 24 to 28

**WEEK 6**

July 31 to August 4

**WEEK 7**

August 7 to 11

**WEEK 8**

August 14 to 18

**WEEK 9**

August 21 to 25

(extra week without outing - minimal registered for 2 other weeks)

**MONITORING SERVICE**

**WEEK 1**

June 26 to 30

**WEEK 2**

July 3 to 7

**WEEK 3**

July 10 to 14

**WEEK 4**

July 17 to 21

**WEEK 5**

July 24 to 28

**WEEK 6**

July 31 to August 4

**WEEK 7**

August 7 to 11

**WEEK 8**

August 14 to 18

**WEEK 9**

August 21 to 25

**Total**

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

CANTON DE HATLEY

4765, 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 #

# 2017 RATES

<b>DAY CAMP</b>				
	<b>RESIDENT</b>		<b>NON-RESIDENT</b>	
	Until May 19 <sup>th</sup>	After May 19 <sup>th</sup>	Until May 19 <sup>th</sup>	After May 19 <sup>th</sup>
<b>ALL SUMMER - FIRST 8 WEEKS</b>				
1 <sup>st</sup> child	340 \$	408 \$	510 \$	612 \$
2 <sup>nd</sup> child	320 \$	384 \$	480 \$	576 \$
3 <sup>rd</sup> child	300 \$	360 \$	450 \$	540 \$
<b>4 WEEK BLOCK - YOUR CHOICE</b>				
1 <sup>st</sup> child	210 \$	252 \$	315 \$	378 \$
2 <sup>nd</sup> child	190 \$	228 \$	285 \$	342 \$
3 <sup>rd</sup> child	170 \$	204 \$	255 \$	306 \$
<b>BY THE WEEK &amp; WEEK 9</b>				
Each child	60 \$	70 \$	90 \$	107 \$

<b>OUTINGS</b>	
<b>ADDITIONNAL COST FOR BY THE WEEK REGISTRATION 30 \$</b>	
Week 1	Glo Golf + Parc de la gorge de Coaticook + crèmerie
Week 2	Arbraska
Week 3	Ranch Massawippi
Week 4	Cache-à-l'eau
Week 5	Camp Livingston
Week 6	Nigh at Camp
Week 7	Ciné-zoo
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

*\* If you refuse that your(s) child (children) participate in the outings, you will have to keep him (them) at home*

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

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



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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_