



École Des Petits Amis

French Immersion Preschool

Summer 2018 Day Camp Registration Form

Registration Information:

School Age Camps:

- Week 1: July 30 – Aug 3 (Nature/La nature) \$200
- Week 2: Aug 7 - 10 (Super science/Les scientifiques) \$160
- Week 3: Aug 13 - 17 (Around the world/Autour du monde) \$200
- Week 4: Aug 20 - 24 (Fairy tales & Castles/Les contes de fees & les chateaux) \$200

- **Before Camp care (7:30 to 9:00) \$20 per WEEK**
- **After Camp care (4:00 to 5:30) \$20 per WEEK**
- **Both \$40 per WEEK**

***payment due with registration (cash, email transfer or cheque made payable to Ecole Des Petits Amis Preschool)**

CHILD INFORMATION:

Child's Surname: _____ Given Name: _____

Birthdate : _____ Gender: M _____ F _____

Grade Just Completed: _____

Address: _____ Postal Code: _____

Home Phone Number _____

Parent/Guardian: _____ Parent/Guardian: _____

Address _____ Address _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Parent Email Address: _____

Emergency Contact: (other than parent, physical address needed)

Name of contact: _____

Phone Number: _____

Relationship to child: _____

HEALTH INFORMATION:

Allergies or Health Concerns: _____

Medications Taken: _____

*Medication Policy in Parent Handbook

CONSENT:

The Preschool, teachers and volunteers will not be responsible for any accident involving the welfare of any child traveling to and from the preschool.

PERMISSION & AUTHORIZATION

To the best of my knowledge my child is in good health. I will notify the camp of any changes that occur in my child's health between completing this form and the start of camp. I permit my child to participate in the full range of camp activities including any Field Trips. I give permission to Ecole Des Petits Amis Preschool to authorize on my behalf all procedures including admission to hospital and treatment therein as they deem essential for the care and well-being of my child. I agree to accept financial responsibility in excess of the benefits allowed by the

provincial health program and/or my medical insurance. I understand that pictures taken at camp may be used for promotion.

Signature of Parent/Guardian

Date _____

PARENT'S COMMITMENT

I have received a copy of the Ecole Des Petits Amis Preschool Day Camp Parent Handbook and agree to read and discuss it with my child before he/she attends their first day of camp. I confirm that this camper agrees to participate in the full program, to follow safety instructions and/or refrain from behavior that is harmful to oneself or others. I understand the camp policy that inappropriate behavior is cause for dismissal without refund of camp fees.

Signature of Parent/Guardian

Date _____

PHOTO RELEASE: Students are often photographed by the staff of Ecole Des Petits Amis Preschool. These photographs may be used by the teachers for crafts, activities, lessons, special occasions, and to decorate the classroom. Ecole Des Petits Amis Preschool may also use the photographs for promotional purposes.

I consent to my child being photographed by the staff of Ecole Des Petits Amis Preschool:

Signature of Parent/Guardian: _____

Date: _____

Camp fees are due with completed application form. Refunds will only be made if the request is made two weeks prior to beginning of camp, except for \$40 deposit included in fees.
