

Summer Camp 2012 Registration Form

CHILD

Last Name _____ First Name _____
Age: _____ Date of birth: _____ Address: _____
City _____ Postal Code _____

CHILD'S GUARDIAN(S)

Full name: _____ Phone# _____
Email: _____ Cell#: _____
Full name: _____ Phone# _____
Email: _____ Cell#: _____

NAME TO BE PUT ON TAX RECEIPT: _____ **S.I.N** _____

PERSONS AUTHORIZED TO PICK UP CAMPER

Name _____ Daytime Phone # _____
Name _____ Daytime Phone # _____
Name _____ Daytime Phone # _____
Name _____ Daytime Phone # _____

NAME & DAYTIME PHONE # TO CONTACT IN CASE OF EMERGENCY

Name _____ Daytime Phone # _____
Name _____ Daytime Phone # _____
Name _____ Daytime Phone # _____
Name _____ Daytime Phone # _____

TRAVEL RELEASE

1. The children will travel by STM bus/metro, rented travel bus, and/or by foot to planned activities. Travel fares are supplied to all campers by summer camp.
2. I authorize Centre Greene Summer Day Camp to include my child in its planned outings and excursions. I understand my child will travel with his/her fellow campers under the supervision of the camp counselors.

Signature: _____ Date: _____

PHOTO CONSENT

I give Centre Greene permission to display photos containing my child within the Centre.

Please indicate: Yes No

Signature: _____ Date: _____

Photos will not be used for internet, media or publication without parental consent.

CAMP FEES/INFO:

A non-refundable **50\$ per child reservation fee**. This fee will be taken off child's 1st week of attendance. camp. If registration is cancelled this registration fee is non-refundable.

WEEKLY COST: 165\$

This includes: daily activities, one weekly outing/excursion, travel fares.

*Part-time fee: 50\$ per day if space remains. We do not accept pre-registration for part-timers

* Payments **MUST** be made at the beginning of each week. Payments can be done in cash, checks, and post-dates checks. If payments are not received Centre Greene reserves the right to refuse a child's attendance until outstanding balances are paid in full. We understand that it is not always possible to pay on a weekly basis, therefore we accept post-dated cheques. If you need to make a payment arrangements please speak with Melissa or Wesley.

TWEEN'S CREW: (Ages 11-14)

This summer Centre Greene is offering new and exciting outings for the "Tweens" program.

They will have the opportunity to go venture the city and its festivals, bike rides, camping trips, and participate in interactive games, team building and leadership activities. The activities are active, energetic and educational. Tweens can get involved in art-n-crafts, trivia, sports, theme days, and parties. Come join us!

**Check out the Tween's Crew summer schedule for the list of activities and outings 2012.

MEDICAL INFORMATION: CONFIDENTIAL

MEDICARE NUMBER _____ **EXP. DATE** _____

Child's doctor _____

Doctor's Phone # _____

Preferred Hospital: _____

CHILD EVER EXPERIENCED ANY OF THE FOLLOWING?

- | | |
|------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Head injury | <input type="checkbox"/> Problems with eyesight |
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Problems with hearing | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Other: (Please specify :) _____ |

Behavior difficulties: (Please specify :) _____

Allergies (food & medicine) specify _____

Take regular medication? Specify name(s) and dosage. _____

Any additional information? _____

**I AUTHORIZE CENTRE GREENE SUMMER DAY CAMP TO TAKE
NECESSARY ACTION IN RELATION TO THE HEALTH OF MY CHILD IN
THE CASE OF AN EMERGENCY.**

Signature: _____ Date: _____

Please indicate: mother father other (specify) _____

Weekly Registration: Day Camp (Ages 5-10)

Please indicate the weeks your child will be attending camp:

- | | |
|-----------------------------------------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> <u>Week 1 June 25th-29th:</u> | BROMONT WATERSLIDES |
| <input type="checkbox"/> <u>Week 2 July 2nd- 6th:</u> | FORT ANGRIGNON |
| <input type="checkbox"/> <u>Week 3 July 9th-13th:</u> | ARBE EN ARBE |
| <input type="checkbox"/> <u>Week 4 July 16th-20th:</u> | MONT ROYAL HIKE & BOWLING |
| <input type="checkbox"/> <u>Week 5 July 23rd- 27th:</u> | FUNTROPOLIS |
| <input type="checkbox"/> <u>Week 6 July 30th -Aug 3rd:</u> | PARC JEAN DRAPEAU |
| <input type="checkbox"/> <u>Week 7 Aug 6th-10th:</u> | PARC SAFARI |
| <input type="checkbox"/> <u>Week 8 Aug 13th- 17th:</u> | OLD PORT & SCIENCE CENTER |

Weekly Registration: Tween's Crew (Ages 11-14)

Please indicate the weeks your child will be attending camp:

- | | |
|-----------------------------------------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> <u>Week 1 June 25th-29th:</u> | BROMONT WATERSLIDES |
| <input type="checkbox"/> <u>Week 2 July 2nd- 6th:</u> | BIKE RIDE & JAZZ FEST |
| <input type="checkbox"/> <u>Week 3 July 9th-13th:</u> | ARBE EN ARBE |
| <input type="checkbox"/> <u>Week 4 July 16th-20th:</u> | MONT ROYAL HIKE & BOWLING |
| <input type="checkbox"/> <u>Week 5 July 23rd- 27th:</u> | LA RONDE |
| <input type="checkbox"/> <u>Week 6 July 30th -Aug 3rd:</u> | PARC JEAN DRAPEAU & CINEMA |
| <input type="checkbox"/> <u>Week 7 Aug 6th-10th:</u> | PARC SAFARI |
| <input type="checkbox"/> <u>Week 8 Aug 13th- 17th:</u> | LAZER QUEST & OLD PORT |