

Côte Saint-Luc Day Camps

Registration Form

Parent 1

Family name

First name

Home phone

Cell phone

Email

Address

Apt.

City

Postal code

Parent 2

Family name

First name

Home phone

Cell phone

Email

Relevé 24 Enter the social insurance number and name of parent who will claim child care services:

SIN

Family name

First name

Emergency Contact (other than parents)

Name

Relationship to child

Home phone

Cell phone

Name

Relationship to child

Home phone

Cell phone

Child

Family name

First name

Date of Birth (MM/DD/YYYY) Medicare Card #

Medical Conditions or Allergies Yes No

If Yes, please list:

Does your child take any medication during the day? Yes No

If Yes, please list:

Does your child carry an EpiPen with them at all times? Yes No

Does your child have any adaptive needs that we need to know about? Yes No

If Yes, please list:

Does your child need a ^{companion} shadow at camp? Yes No

Person authorized to pick up my child (other than parents)

Name

Relationship to child

Can your child leave alone at the end of the day? Yes No

Camp

- CSL Day Camp ~~Signature Day~~
- Ultimate Leaders Counsellor in Training Program (CIT)

Sessions

Early drop-off

Late pick-up

\$25 (R) and \$30 (NR) per week

\$30 (R) and \$40 (NR) per week

<input type="checkbox"/> Week 1: June 26 to 30	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 2: July 3 to 7	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 3: July 10 to 14	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 4: July 17 to 21	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 5: July 24 to 28	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 6: July 31 to August 4	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 7: August 7 to 11	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 8: August 14 to 18	<input type="checkbox"/>	<input type="checkbox"/>

Are there any friends your child would prefer to be grouped with?

1 _____ 2 _____ 3 _____

Use of Image

The City may photograph or videograph me or my minor child and may use my or my minor child's image and/or voice clips, photograph or videograph in its discretion in/on any media in perpetuity without any payment or further consent. I hereby waive my/our moral rights, and assign full copyright, in favour of the City in connection herewith.

Please check one of the following options and sign:

- I authorize the City of Côte Saint-Luc to take and use photographs of my child
- I do not authorize the City of Côte Saint-Luc to take and use photographs of my child

Signature of parent or guardian: _____

Waiver—Condition of participation in and Parks and Recreation Department program

Risks/Release: As a condition of attendance at/use of a City of Côte Saint-Luc ("City") facility or participation in a City activity/program, I hereby assume all direct and indirect, foreseeable and unforeseeable risks relating thereto for me and my minor child. I hereby release the City its elected officials, employees, agents, contractors, and volunteers, and their successors (collectively, "City Releasees") from, and waive and renounce to, every claim and liability of whatsoever nature, whenever so arising, for loss, damage or injury to me or my minor child's person and property (including theft). I agree to defend, indemnify and hold the City Releasees harmless from every such claim in principal, interest and costs. **Emergency:** If a City representative judges there is a medical emergency affecting me or my minor child I authorize them to call 9-1-1 and/or EMS, for police / ambulance / emergency medical services and allow the City to provide emergency medical intervention (including medication/treatment) at my sole cost and peril, and the below Release shall apply. **Medical Conditions:** I will complete a separate form provided by the City (where required) and declare all medical conditions, medicare number, mobile phone number, and an emergency contact person with number, without the City incurring any liability for knowledge of a pre-existing medical condition. I or my minor child shall not attend a City or program or activity when symptoms of illness are present. If I am asked to leave/withdraw, or to retrieve/withdraw my minor child, for reasons of conduct or illness, I will do so promptly without dispute or right to refund or reimbursement. **False Information:** Any false information provided at any time to the City will automatically annul this registration, without recourse or penalty against, or refund or reimbursement by the City. **Full Payment and Refund Policy:** I acknowledge that full payment is required at the time of registration and prior to commencement of, or participation in, any City program or activity. I acknowledge that I am not entitled to refund or reimbursement of any amounts paid except as permitted under applicable City policies as published by the City at the date of my payment.

General Information (payment, registration, etc.)

Payment by credit card (Visa or MasterCard): 50 % is required at the time of registration, and pre-authorized payments for April 25 and/or May 25, 2023 can be made for the balance.

Interac payment: Full payment is required at time of registration if paying by Interac.

The deadline to register for any session is the previous Wednesday at noon, in order to allow for time to finalize group lists. Past this deadline, registration will be accepted pending availability.

An early bird registration fee will be in effect from March 28 to April 30, 2023. The regular registration fee will be in effect as of May 1, 2023.

Program Cancellation and Reimbursement Policy

A. A Program Cancellation Request form must be received prior to the start of the camp week (Monday). Once a week has begun it is considered to have been completed and no longer eligible for reimbursement.

B. In addition to the refund administration fee of 20%, a Day Camp cancellation fee of five dollars (\$5) will be charged for every week of Camp being cancelled after registration.

C. The \$5 week cancellation fee applies to both reimbursements' methods: refund and credit on file.

D. For reimbursement request due to medical reasons, a pro-rated reimbursement, (according to the days used per week) and an administration fee of ten percent (10%) will be applied to each week being cancelled. The week cancellation fee (\$5) will not be applied to reimbursements due to medical reasons.

Acknowledgement of Activity Waiver, General Information and Refund Policy

Refusal to sign will invalidate my registration and/or participation.

Signature of parent or guardian: _____

Date: _____