

Côte Saint-Luc Day Camps

Registration Form

Parent 1		Parent 2					
Family name		Family name					
First name		First name					
Home phone	Cell phone	Home phone	Cell phone				
Email		Email					
Address		Relevé 24 Enter the social insurance number and name of parent who will claim child care services: <table style="display: inline-table; border: 1px solid black; margin-left: 10px;"> <tr> <td style="width: 20px; height: 20px;">SIN</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		SIN			
SIN							
Apt.	City	Family name					
Postal code		First name					

Emergency Contact (other than parents)			
Name		Name	
Relationship to child		Relationship to child	
Home phone	Cell phone	Home phone	Cell phone

Child	
Family name	Medical Conditions or Allergies Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please list:
First name	<hr/>
Date of Birth (MM/DD/YYYY) Medicare Card #	<hr/>
Does your child take any medication during the day?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please list:
Does your child carry an EpiPen with them at all times?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please list:
Does your child have any adaptive needs that we need to know about?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please list:
Does your child need a shadow at camp?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/>	

Camp

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

Sessions

- Late pick-up \$30 (R) and \$40 (NR) per week
- Early drop-off \$25 (R) and \$30 (NR) per week

<input type="checkbox"/> Week 1: June 27 to 30	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 2: July 4 to 8	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 3: July 11 to 15	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 4: July 18 to 22	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 5: July 25 to 29	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 6: August 1 to 5	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 7: August 8 to 12	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 8: August 15 to 19	<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 Côté Saint-Luc to take and use photographs of my child
- I do not authorize the City of Côté 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 Côté 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 26 and/or May 26 2022 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 29 to May 16, 2022. The regular registration fee will be in effect as of May 16, 2022.

Refund Policy
 A refund request will only be considered upon the Parks and Recreation Department receiving a completed and signed Refund Request Form. All refunds are subject to an administration fee based on the total cost of the program.
 \$0 - \$250=\$25 • \$251 - \$500=\$50 • \$501 - \$1000=\$100 • \$1001 and over=\$150
 Refunds will be prorated weekly. Once a week has begun it is considered to have been completed.
 In a situation where one must withdraw due to a medical reason, a pro-rated refund minus a 10% administrative fee will apply when presented with a valid medical note.

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 _____