

# Registration Form Potton Day Camp 2017



## Identification of Participant

(Please fill out one per child)

Family name: \_\_\_\_\_

First name: \_\_\_\_\_ Age as of June 26, 2017: \_\_\_\_\_

Birthdate: YR\_\_ MONTH\_\_ DAY\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal code: \_\_\_\_\_ Email: \_\_\_\_\_

Home telephone: \_\_\_\_\_

## Identification of Parent

Mother's name: \_\_\_\_\_ Phone # at work: \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone # at work: \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_

Telephone: \_\_\_\_\_

Persons authorized to pick-up your child: \_\_\_\_\_

Can your child swim alone?  yes  no

If no, please send them to all water activities with a fitted lifejacket.

If your child is a good swimmer and is 9+ years do the animators insist they wear a lifejacket when walking activities are planned along the Missisquoi River and there is not a lifeguard present?  
 yes  no

Is your child authorized to walk home for lunch?  
 yes  no

Is your child authorized to leave by bike at 4:00?  
 yes  no

Is your child authorized to walk home alone at 4:00?  
 yes  no

### Child's Medical Information:

Illness and allergies  yes  no  
 If yes, do they carry an Epi-Pen?  yes  no  
 Do they know how to use it?  yes  no

Specify any other medical concerns:

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

Weeks Attending Camp	Check	Amount
Tax Payer <input type="checkbox"/>		
Non Tax Payer <input type="checkbox"/>		
<b>Week 1</b> June 26 - June 30	<input type="checkbox"/>	
<b>Week 2</b> July 03 - July 7	<input type="checkbox"/>	
<b>Week 3</b> July 10 - July 14	<input type="checkbox"/>	
<b>Week 4</b> July 17 - July 21	<input type="checkbox"/>	
<b>Week 5</b> July 24 - July 28	<input type="checkbox"/>	
<b>Week 6</b> July 31 - August 04	<input type="checkbox"/>	
<b>Full Time</b>	<input type="checkbox"/>	
<b>T-Shirt (\$10.00)</b>	<input type="checkbox"/>	
<b>Sub-Total</b>		
<b>Discount</b> (25% for more than 1 child)	<input type="checkbox"/>	
<b>Total</b>		\$

### For RÉLEVÉ 24 –

Name and S.I.N number of the paying parent:  
 Mandatory Information

**Name:** \_\_\_\_\_

**ADRESSE** \_\_\_\_\_

**S.I.N Number** \_\_\_\_\_

### FEES:

#### Taxpayer and grand-parent rates:

**\$60/ week**

**\$330 for 6 weeks**

#### Non-tax payer rates

**\$120/ week**

**\$660 for 6 weeks**

\*\*\*Please note that the above prices do not include the daycare service \$7/day or \$30/week\*\*\*

You will be billed once in September for service used over the 6 weeks.

## SPECIAL OUTINGS

### Outdoor Adventures Camp

As part of the daily planning we will be traveling via foot to Park André-Gagnon to make use of the pumptrack, tennis courts, river & walking trails, library, baseball and soccer fields.

We will spend the day at Vale Perkins Beach every Tuesday, weather permitting. There is a certified lifeguard on duty. Children will be transported to all outings via certified bus company. **ADVENTURE THURSDAYS!** We have some exciting outings planned that will introduce your child to new activities. A detailed list of these outings will be provided when you register.

### Behavior Management:

Please note that day camp staff will be very busy planning and animating amazing activities for your children throughout the summer. This being said, children who need continuous discipline affect the quality of the program and more importantly, their safety and that of the other participants. In order to ensure smooth operations, we would like you to read WITH YOUR CHILD the information below carefully.

A signature is required.

### First warning

We will send a note home explaining what the problem was, how it was dealt with and what changes we expect to see in the child's behavior. *(Please sign the note and return it to the camp coordinator)*

### Second warning

A second note will be sent home to be signed and returned.  
The camp coordinator will call to discuss the problem.

### Final warning

The parent will receive a note and a phone call. The child will not be able to participate in camp activities for 3 days.

### PLEASE NOTE

That your child will immediately be expelled from the program if he or she has brought a weapon of any kind to the camp.  
**After THREE warnings, we reserve the right to exclude a child from any future activities.**

Parents Signature

Name : \_\_\_\_\_ Date : \_\_\_\_\_ Signature : \_\_\_\_\_

### Waiver

I accept that my child/ren participate in Potton's summer day camp program. (Outdoor Adventures Camp) The following serves to release the Municipality of the Township of Potton and the employees of the Municipal Day Camp & special guests of any responsibility should an accident or injury occurs during the activity.

Name : \_\_\_\_\_ Date : \_\_\_\_\_ Signature : \_\_\_\_\_

### PHOTO USE

I hereby give The Municipality of Potton permission to use photos taken of my child(ren),  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ to be posted on the  
Municipal Website and or used for promotion of leisure programs.

Name : \_\_\_\_\_ Date : \_\_\_\_\_ Signature : \_\_\_\_\_