

CHAMPIONS

CAMP DE JOUR DES CHAMPIONS, 3799, ch. Queen-Mary, Montréal QC H3V 1A7
t. : 514 739-3721 info@championsdaycamp.com www.championsdaycamp.com

CAMPER REGISTRATION FORM — PLEASE PRINT

Family name		First name	
Date of birth	Age as of Sept. 30 2020	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Month Day Year	Year Month		
School		Grade completed as of June 30 2020	

PARENTS

DAY CAMP FEES ARE **TAX DEDUCTABLE**. PLEASE GIVE THE OFFICE **ONE OF THE PARENT'S SOCIAL INSURANCE NUMBER AND FULL NAME** AS IT APPEAR ON THEIR SOCIAL INSURANCE CARD FOR TAX RECEIPT PURPOSES. (RELEVÉ 24)

First parent:	Family name	First name	<input type="checkbox"/> Social ins. number	-	-	-		
Phone numbers:	Office	-	-	ext.	Cellular	-	-	-
Email								
Second parent:	Family name	First name	<input type="checkbox"/> Social ins. number	-	-	-		
Phone numbers:	Office	-	-	ext.	Cellular	-	-	-
Email								
Home Address	Number	Street	(Apt. #)	City	Postal Code	-	-	
Home Phone number	-	-	-	-	-	-	-	

LANGUAGES

Languages spoken	<input type="checkbox"/> French	<input type="checkbox"/> English	<input type="checkbox"/> Other: _____
Language of Correspondance	<input type="checkbox"/> French	<input type="checkbox"/> English	

LAST SUMMER WAS SPENT AT

<input type="checkbox"/> DAY CAMP OF CHAMPIONS	<input type="checkbox"/> Another Camp. Which? _____	This is his/her first camp experience <input type="checkbox"/> yes <input type="checkbox"/> no
Did your child enjoy his/her previous camp experience?	<input type="checkbox"/> yes <input type="checkbox"/> no	
Comments: _____		

REGISTRATION: Camp is open Monday through Friday for all 8 weeks, including all holidays.

8 wks. <input type="checkbox"/> June 29 to August 21	Other week combinations desired : <input type="checkbox"/> 2 weeks <input type="checkbox"/> 3 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> 5 weeks <input type="checkbox"/> 6 weeks <input type="checkbox"/> 7 weeks
6 wks. <input type="checkbox"/> June 29 to August 7	
6 wks. <input type="checkbox"/> June 29 to July 17 & August 3 to August 21 (To accommodate construction holiday)	Please select desired weeks: <input type="checkbox"/> Week 1 : June 29 - July 3 <input type="checkbox"/> Week 2 : July 6 - July 10 <input type="checkbox"/> Week 3 : July 13 - July 17 <input type="checkbox"/> Week 4 : July 20 - July 24
4 wks. <input type="checkbox"/> June 29 to July 24 <input type="checkbox"/> July 27 to August 21	
2 wks. <input type="checkbox"/> June 29 to July 10 <input type="checkbox"/> July 27 to August 7 <input type="checkbox"/> July 13 to July 24 <input type="checkbox"/> August 3 to August 14 <input type="checkbox"/> July 20 to July 31 <input type="checkbox"/> August 10 to August 21	<input type="checkbox"/> Week 5 : July 27 - July 31 <input type="checkbox"/> Week 6 : August 3 - August 7 <input type="checkbox"/> Week 7 : August 10 - August 14 <input type="checkbox"/> Week 8 : August 17 - August 21

SKATING OPTION:

Ice Skating, Figure Skating, Ice Hockey

TURN OVER →

TRANSPORTATION... SAFELY AND EFFICIENTLY

TRANSPORTATION OPTIONS:

Carpool (A) Champions offers the option of convenient neighborhood carpool lists free of charge.
Please send me a list of families in my area and include me on the list.

- Car with parents
- City Bus alone
- City Bus with adult
- Walking alone
- Walking with adult

Your District: _____

Carpool (B) I will arrange my personal carpool.

ARRIVAL TIME:

- Early arrival (7:30 a.m. to 8:30 a.m.) **Free of charge**
- Regular arrival (8:30 a.m. to 9:00 a.m.)

DEPARTURE TIME:

- Regular departure (3:30 p.m. to 4:00 p.m.)
- Late departure (4:00 p.m. to 5:45 p.m.) **\$6 per day, payable as needed**

GENERAL INFORMATION

Does your child have swimming badges? yes no → Level your child is currently working on: _____ Swim comments: _____

Child's hobbies and interests: _____

Does your child have any medical issues or concerns: _____

Date of first occurrence: _____ Date of last occurrence: _____

Symptoms to watch for: _____

Typical Triggers: _____

Parents recommended action plan for managing treatment in camp: _____

Does your camper take any medication: _____ Which medication: _____

Is medication administered at home: _____ Is medication administered in camp: _____

Are there any special friends you would like to have in your child's bunk group? (max. 3 names) _____

How did you find Champions Day Camp?

Word of mouth Older sibling came I came as a child Internet Newspaper: which one? _____

A CAMP INFORMATION HANDBOOK, MEDICAL FORM AND CARPOOL LIST WILL BE MAILED TO YOU MID MAY.

TERMS AND CONDITIONS

A registration cannot be confirmed unless accompanied by a \$200.00 deposit for each camper and a postdated cheque for the balance dated May 1st 2020. Families with two or more children must fill out a separate registration form for each child.

Should your summer plans change, **weeks scheduled may be interchanged free of charge** depending on availability.

Should you wish to cancel a week, **a full refund will be issued less an administration fee of \$10.00 for each week cancelled.**

All changes and cancellations must be brought to the Champions' office attention no later than 4:00PM on the Thursday before the week that you would like to interchange or cancel.

Since our fee structure is based upon reservation for a specific period, we cannot refund fees for days missed for any reason once camp has begun. It should also be noted that the camp cannot be held responsible for the loss, or theft of the camper's belongings brought to camp.

I agree to abide by the above conditions of enrolment and enclose a \$200.00 deposit accompanied by a postdated cheque, to the order of CHAMPIONS DAY CAMP, for the balance dated May 1st 2020.

It is hereby recognized that as of the date indicated below CHAMPIONS has commenced performance of its obligations.

Given that Champions Day Camp takes pictures of my child during his/her camp activities, I authorize the camp to use this material in full or in part for publicity purposes such as brochures. All material used will remain the property of Champions Day Camp.

I consent to receive commercial electronic messages from Champions Day Camp.

Date: _____ Parent's signature: _____

The parties hereto have agreed that this agreement be prepared and executed in the english language. / À la demande des parties en présence, cette convention est et sera rédigée en anglais.