



Une École Pour Tous.
French Montessori school

Summer Camp 2011
For children 4 to 6 year-olds

⇒ Pastry chefs in training (\$135 for the week)

June 27 to June 30

⇒ Karate (\$190 for the week)

July 4 to July 8

⇒ Dinosaurs (\$160 for the week)

July 11 to July 15

⇒ Nature (\$160 for the week)

July 18 to July 22

⇒ Art (\$160 for the week)

July 25 to July 29

Fee for 5 weeks \$755

Registration form must be returned to the office with your payment. Spots will not be held without payment.

Cancellation policy:

You may cancel at any time up to two weeks prior to the date that your child is to start camp. By that point, your cheque will be cashed and no refund will be given. If we are able to fill the spot vacated by your child during the two weeks prior to the start of the session, we will offer a 100% refund.

Summer camp registration form 2011

Last name of the camper: _____ First name: _____

Date of birth: _____

Only for new children, or if required

Mother's name: _____

Address: _____ Postal code: _____

Cell phone: _____ Home phone: _____ Work phone: _____

Mother's work location: _____

email: _____@_____

Father's name: _____

Address: _____ Postal code: _____

Cell phone: _____ Home phone: _____ Work phone: _____

Father's work location: _____

email: _____@_____

Emergency contact (if parent unavailable)

Name of the person to be called if a parent cannot be reached: 1 Name: _____

Address: _____ Phone: _____

Cell phone: _____ Relationship to the child: _____

2 Name: _____

Address: _____ Phone: _____

Cell phone: _____ Relationship to the child: _____

People who have permission to pick up your child (in addition to parents and emergency contacts):

1 Name: _____ Phone: _____

Relationship to the child: _____

2 Name: _____ Phone: _____

Relationship to the child: _____

3 Name: _____ Phone: _____

Relationship to the child: _____

MEDICAL FORM
Only for new children, or if required

IDENTIFICATION

Last name: _____

First name: _____

HEALTH INFORMATION

Physician's name: _____ Address: _____

Phone: _____

OTHER

Previous communicable diseases: _____

Previous illness or injury: _____

Special medical information or allergies: _____

Medication administrated
regularly: _____

Special diet: _____

Please comment on your child's development giving information that would be useful in providing care (eg. habits, fears, favorite activities, routines, etc.)

In case of an accident or illness, the personnel of *Une École Pour Tous LTÉE* will administer first aid, ensuring that the child receives the emergency care required and that the parents (or legal guardians) are notified as soon as possible. Any transportation fees, in the case of emergencies, will be charged to the parents or guardian.

I, parent or guardian, _____ authorize, *Une École Pour Tous LTÉE* to share this information if required for medical reasons to the people concerned.

YES

NO

Date:

Signature of parent or guardian:

Before \$4 or after care \$4 (8 to 9 am and 4 to 5 pm)

Before and after care 6\$

(Requires a minimum of 5 children to be offered)

My child _____ will require

Before school care YES NO

After school care YES NO

Please state the week/weeks you wish to enroll your child:

(A consent form for Karate is required for children enrolled in this option)

Week 1 - Pastry chefs in training

Week 2 – Karate

Week 3 – Dinosaurs

Week 4 – Nature

Week 5 – Art

Your child must bring a sun hat, a change of clothes his or her Lunch and two snacks.

Meal can be purchase for \$5 per day.

Method of payment

Cash Cheque

I have read the terms and condition of this application and I agree to be bound by them and speak on behalf of both parents or guardians.

Date:

Signature of parent or guardian:



THE ACADEMY OF MARTIAL ARTS
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www.karatekingston.com

**Registration Form for Karate Classes at
"UNE ÉCOLE POUR TOUS"
From July 4th to July 8th 2011**

-General Information-

Date: _____

Participant's Name: _____

Participant's Age: _____

Parent / Guardian: _____

Important Medical Info:

Address:

Telephone: _____

-Release-

I acknowledge that the study of Martial Arts can be a dangerous activity and I accept all responsibility for my child's participation in this activity.