



*Une École Pour Tous.*  
**French Montessori school**

**Summer Camp 2011**  
**For children 7 to 12 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

⇒ Archeology (\$190 for the week)

July 11 to July 15

⇒ Shadow Theatre (\$160 for the week)

July 18 to July 22

⇒ Art (\$160 for the week)

July 25 to July 29

Fee for 5 weeks \$785

**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:  
guardian:

Signature of parent or



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 – Archeology

Week 4 – Shadow Theater

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**  
851 Princess Street,  
Kingston, Ontario.  
K7L 1G7  
Telephone: 613-547-4700  
courriel: billfournier@karatekingston.com  
www.karatekingston.com

**Registration Form for Karate Classes at  
"UNE ÉCOLE POUR TOUS"  
From July 4<sup>th</sup> to July 8<sup>th</sup> 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.**