



Une École Pour Tous.
French Montessori school

Summer Day Camp 2010

⇒ Karate (\$150/ week) (Closed on July 1st)

June 28 to July 2

Karate in the afternoon

⇒ Archaeology and Dinosaurs (160\$/ week)

July 5 to July 9

⇒ Discover the pioneers (160\$/ week)

July 12 to July 16

⇒ Art (160\$/ week)

July 19 to July 23

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

Cancellation policy:

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



Summer camp registration form 2010

Last name of the camper: _____ First name: _____

Date of birth: _____

Mother's name: _____

Address : _____ Postal code: _____

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

Mother's work: _____

e mail : _____ @ _____

Father's name: _____

Address : _____ Postal code: _____

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

Father's work: _____

e mail : _____ @ _____

In case of emergency contact (if parent unavailable)

Name of the person to be called if the 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 (other than parents and emergency contacts):

1 Name _____ Phone number: _____

Relationship to the child _____

2 Name _____ Phone number: _____

Relationship to the child _____

3 Name _____ Phone number: _____

Relationship to the child _____



CHILD'S HEALTH

NAME OF THE CHILD'S DOCTOR : _____

TELEPHONE : _____

SUFFERS FROM :

TAKES MEDICATION

Epilepsy

Auditory difficulties

Visual difficulties

Behavior problems

Diabetes

Asthma

Physical Handicap

cardiac problems

Allergies

_____ * (cf anaphylaxis policy)

Other

In case of an accident or illness, the personnel of the *Une école pour tous* will administer first aid, ensuring that the child receives the emergency care required and that the parents are notified as soon as possible.

Any transportation fees, in case of emergency, will be charged to the parents.

Mr or Mrs _____ authorizes *Une école pour tous* to transmit this information to the people concerned.

OTHERS:

Special needs that we need to be aware of:



Before \$5 or after care \$5 (8-9 a.m and 4-5 p.m)

(If we have a minimum of 5 children)

My child _____ will stay to

Before school care YES NO

After school care YES NO

Photograph authorization:

Mr. or Mrs. _____ authorize ***Une école pour tous*** to photograph their child/children
_____ in order to promote the establishment.

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

Week 1 June 28-July 2 Karate (closed on July 1)

Week 2 July 5-9 Archaeology

Week 3 July 12-16 Pioneers

Week 4 July 19-23 Art

Your camper(s) must bring his/her own lunch box, a sun hat and a change of clothes.

Payment Due Upon Registration. All cheque must be post-dated two weeks prior to the start of the child's camp session.

Method of payment

(9 a.m-4 p.m)

Cash Cheque

We have read the terms and condition of this application and we are agree to be bound by them.

Date:

Signature of parent or guardian:



Une école
pour tous

The Academy of Martial Arts

-Waiver Form-

Each participant is entitled to 3 FREE CLASSES

Date: _____

Participant's Name: _____

Parent / Guardian (if applicable): _____

Participant's Age: _____

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 / my child's participation in this activity.

Parent / Guardian / Participant (Over 18 yrs old) signature