



5970 Notre Dame de Grace  
 Montréal, H4A 1N1  
 514-489-4588 Ext 24  
[www.petitsanges.ca](http://www.petitsanges.ca)

fit.for.fun.summercamp@gmail.com

## “FIT FOR FUN!” DAY CAMP 2009 REGISTRATION FORM (AGES 5 -12)

Sessions	Initial appropriate box		
	1 <sup>st</sup> child	2 <sup>nd</sup> child	3 <sup>rd</sup> child
<b>Session A</b> Week 1: June 28 -July 2 Sports mania (\$125) Week 2: July 5 - July 9 Team Spirit (\$125)			
<b>Session B</b> Week 3: July 12 -July 16 Aqua Splash (\$125) Week 4: July 19 - July 23 Olympics (\$125)			
<b>Session C</b> Week 5: July 26- July 30 Team Sports (\$125) Week 6: Aug 2 - Aug 6 Biking/Rollarblading (\$125)			
<b>Session D</b> Week 7: Aug 9 - Aug 13 Individual sports (\$125) Week 8: Aug 16 - Aug 20 Sports & Arts(\$125) Week 9: August 23- August 27 Your sports Pick (\$125)			



**FAMILY INFORMATION** (please print)

Camper's Name \_\_\_\_\_ Sex: M  or F

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Cross Streets - Between \_\_\_\_\_ and \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

School \_\_\_\_\_ Grade Completing \_\_\_\_\_

Home Phone \_\_\_\_\_ Mother's Bus. # \_\_\_\_\_ Father's Bus. # \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Cell.# \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Cell.# \_\_\_\_\_ E-Mail: \_\_\_\_\_

Parents are: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Other \_\_\_\_\_

If divorced/separated, who has custody? \_\_\_\_\_

**EMERGENCY INFORMATION**

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to Camper \_\_\_\_\_ Camper Med. Card # \_\_\_\_\_ Expires \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Any medications that your child is taking: \_\_\_\_\_

Camper's Name	Allergies to Medication (please specify)	Food or other allergies (please specify)	Any physical or emotional conditions (please specify)	Please describe camper's personality (i.e. shy, outgoing, active, quiet)
1.	No___ Yes___	No___ Yes	No___ Yes___	
2.	No___ Yes___	No___ Yes	No___ Yes___	
3.	No___ Yes___	No___ Yes	No___ Yes___	

**CAMPER INFORMATION**

SWIMMING: Badge Completed \_\_\_\_\_ Current Swimming Level \_\_\_\_\_

Other Swimming Information: \_\_\_\_\_

PREVIOUS CAMP EXPERIENCES: \_\_\_\_\_

CHILD'S INTERESTS, TALENTS, and SPECIAL SKILLS: (indicate if more interested in sports or art-related activities)

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

SPECIAL REQUESTS and/or other information that camp staff should be aware of? \_\_\_\_\_

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

**CHILD CARE RECEIPT:** Do you require a child care receipt?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you require a receipt please complete the following:

Name of person to be receipted \_\_\_\_\_ Social Insurance No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PARENTAL AGREEMENT**

I confirm my agreement that this document be drafted in English. *Je confirme ma demande que ce document soit rédigé en anglais.*

**METHOD OF PAYMENT**

Please make all checks post dated for the beginning of each week of attendance. Checks should be made out to Petits Anges Multi-Services Inc. and submitted with this application form in order to secure your child's place.

**CANCELLATION POLICY**

In the event of cancellation a written request should be submitted two (2) weeks before the beginning of the stay otherwise a \$50.00 withdrawal fee will be charged.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's Name (Print)

\_\_\_\_\_  
Date