

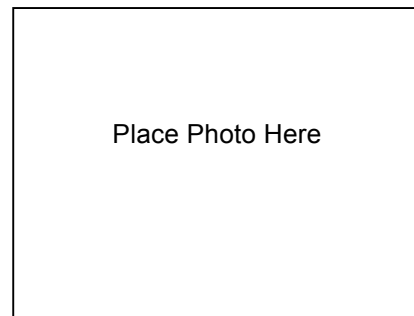


5970 Notre Dame de Grace
 Montréal, H4A 1N1
 514-489-4588
 www.petitsanges.ca

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

Initial appropriate box

Weeks	1 st child	2 nd child	3 rd child
Week 1: June 22 - June 26 (\$150)			
Week 2: June 29 - July 3 (\$150)			
Week 3: July 6 - July 10 (\$150)			
Week 4: July 13 - July 17 (\$150)			
Week 5: July 20 - July 24 (\$150)			
Week 6: July 27- July 31 (\$150)			
Week 7: August 3 - August 7 (\$150)			
Week 8: August 10 - August 14 (\$150)			
Week 9: August 17 - August 21 (\$150)			



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 June 2008 _____

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