



Registration Form - 2022 Day Camp

Please complete each section of the form and return to gestion@lafermedandre.ca

Please check the week(s) for which you wish to register your child.

Week 1: June 26 to July 2

Week 4: July 17 to July 23

Week 7: August 7 to August 13

Week 2: July 3 to July 9

Week 5: July 24 to July 30

Week 8: August 14 to August 20

Week 3: July 10 to July 16

Week 6: July 31 to August 6

Number of days per week: (minimum of 3 days per week) _____

Arrival and departure time

Arrival: between 8 a.m. and 9 a.m.

Departure: between 4 p.m. and 5 p.m.

Before and after camp hours childcare service : Not available

Pricing

Daily package with lunch and snacks \$60 + GST (5%) \$3 + QST (9.975%) \$5.99 **Total: \$68.99**

Payment policy

A non-refundable deposit of \$50 is required for each registration for the opening and management of the file. La Ferme d'André 2.0 will accept the transfer as long as they can guarantee a place for the desired week.

The cost must be paid by bank transfer on the Friday preceding the reserved camp week.


Bank Transfer Information


Email to send bank transfer: gestion@lafermedandre.ca

Security Question: *Farm's Name*

Answer: *Andre1*

Modification of Registration Policy

 Any request for changes made before June 1st will be free of charge. After that date, an administrative fee of \$25 will be charged for each reopening of the file.

 For any changes or cancellations, please contact us in writing as soon as possible, via email at: gestion@lafermedandre.ca

Cancellation policy

The \$50 administrative fee required to open your child's file will not be refunded in the event of cancellation on your part.



Information about your child:

New camper:

Returning camper:

First Name: _____

Last Name: _____

Birth Date (yyyy-mm-dd): _____

Age: _____ Sex: F M

Mother Tongue: _____

Address: Same as: mother/guardian father/guardian

Information about your child

Medicare number: _____

Expiry (yy/mm): _____

Date of last anti-tetanus vaccine: (yyyy-mm-dd) _____

Does your child know how to swim? Yes No

Additional information: _____

Medical Information

Does your child have an allergy/intolerance?

Yes

No

Cat/dog

Citrus Fruits

Eggs

Gluten

Hay

Insect bites

Lactose

Medicines

Nuts

Peanuts

Seafood

Seasonal

Sesame

Other:

Does your child have any of these conditions?

Yes

No

ADD

ADHD

Anxiety

Asthma

Attachment disorder

Autism spectrum disorder

Diabetes

Dyslexia

Dysphasia

Epilepsy

Gilles de la Tourette syndrome

Hearing disorder

Hyperactivity

Impulsivity

Language disorder

Migraine

Motricity problem

Scoliosis

Sensory hypersensitivity

Swimmer's otitis

Vegan

Vegetarian

Visual problem

Wearing a dental appliance

Other:



La Ferme d'André 2.0 reserves the right to send the child home in the event that the child disrupts activities or interferes with his safety or that of others. You or an authorized person will have a maximum of 24 hours to pick up your child.



Identification of parents/guardians

Mother's /Guardian's First Name: _____ Mother's /Guardian's Last Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Telephone Home: _____

Telephone Work: _____

Cell Phone: _____

E-mail: _____

Father's/Guardian's First Name: _____ Father's/Guardian's Last Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Telephone Home: _____

Telephone Work: _____

Cell Phone: _____

E-mail: _____

Tax receipt in the name of: Mother/Guardian Father/Guardian

Social insurance number (mandatory and required by Revenu Québec to obtain the RL-RL-24 slip): _____

Emergency contacts , other than parents/guardians (mandatory)

1st contact

First Name: _____

Last Name: _____

Telephone Home: _____

Cell Phone: _____

Relationship to the child: _____

2nd contact

First Name: _____

Last Name: _____

Telephone Home: _____

Cell Phone: _____

Relationship to the child: _____



PARENT'S AUTHORIZATION

In signing this, I authorize the management of La Ferme d'André 2.0 to administer the medication mentioned below and any over-the-counter medications as required (e.g. Tylenol, Advil, Benadryl, Reactine) during my child's stay and to provide all necessary first aid.

If management deems it necessary, I authorize them to transport my child by ambulance or any other transportation, at my own expense, to a hospital or community health facility. In addition, if it is impossible to reach us, I authorize the physician to provide my child with all the medical care required by his condition, including the practice of surgery, injections, anesthesia and hospitalization

La Ferme d'André 2.0 regularly uses photos and videos where campers appear during their stay, for promotional purposes, on their Facebook page. I authorize La Ferme d'André 2.0 to use these photos and videos. Yes No

Signature: _____ Date : _____

By putting my name in the signature box above, I understand that this gesture is equivalent to affixing my handwritten signature.

MEDICATIONS TO BE TAKEN WHILE AT CAMP

Child's first and last name: _____ Date: _____

Medication's name	Reason	Frequency	Regularly	As needed

All medications to be taken "**regularly**" must be delivered in the **alveolar distribution system (Dispill system)** prepared by the pharmacist, which you can obtain **free of charge** on request, by contacting your pharmacist in advance. This is the safest mode since the child's name and time are written on each dose. Drugs "**as needed**" should be in their original container with the prescription label.

The parents are responsible to inform La Ferme d'André 2.0 of any new medical information on a regular basis.