



Registration Form - 2022 School Break Camp

From February 27 to March 4, 2022

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

Length of stay (5 nights)

Arrival time: Sunday between 3 p.m. and 4:30 p.m.

Departure time: Friday between 6:30 p.m. and 7:30 p.m.

Pricing

Package: \$499 + GST (5%) \$24.99 + QST (9.975%) \$49.78 **Total including taxes: \$573.73**

Discount

A \$40 discount will be offered for the registration of each additional child from the same immediate family.

Payment policy

A non-refundable deposit of \$200 is required per child at the time of registration for the opening and management of the file. La Ferme d'André 2.0 will accept the bank transfer as long as they can guarantee a place for the week.

The total cost of the stay must be paid by bank transfer two (2) weeks before camp begins.

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 February 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 \$200 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: _____
Mother Tongue: _____	Sex: F M
Address same as: mother/guardian	father/guardian

Health information about your child

Medicare number: _____	Expiry (yy/mm): _____
Date of last anti-tetanus vaccine: (yyyy-mm-dd) _____	
Usual time of your child's bedtime: _____	Does your child wet his bed? Yes No
Additional 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:			

Does your child need special accommodation? Yes No

If so, please contact us as soon as possible so that we can assess his situation and our capacity to accommodate him adequately.



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 (Revenu Québec directive to obtain the RL-24 slip, mandatory) _____

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:	_____		



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.



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.

In the context of the pandemic, if applicable, I authorize the management of La Ferme d'André 2.0 to accompany my child to a testing center if symptoms appear during his stay. Management will first need to have my verbal and written permission.

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 TAKE DURING THE STAY

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 that has occurred between the date the registration form was completed and the date of arrival of the stay. When your child arrives at La Ferme d'André 2.0, we will validate this information with you.