

La Ferme d'André 2.0 inc.  
1082, chemin Upper Concession  
Ormstown (Québec) J0S 1K0

450.829.2940  
www.lafermedandre.ca  
gestion@lafermedandre.ca



## Day Camp – 2026 Season

La Ferme d'André is a summer camp where kids can emancipate themselves with confidence and safety. During their stay, campers will experience unforgettable moments while developing their social skills and imagination in a stimulating environment that emphasizes freedom, autonomy and initiative.

Children are masters of their schedule! They are the ones who choose the activities and workshops that interest them on a daily basis. There is no dedicated group. Each child is invited to participate, to make new acquaintances, to discover new things and to surpass themselves while having fun.

The campers have the chance to feed, brush and have fun with the animals, ride horses in the merry-go-round, collect eggs in the hen house, go hiking, jump and climb in La Grange à Tarzan, pet and feed the rabbits, sing in the evening around the bonfire while eating marshmallows. In a nutshell, children play outside and enjoy nature rain or shine!

*The male gender is used in this document simply to lighten the text and make it easier to read it.*

## Daily Arrival and Departure Time

**Arrival time:** between 8 a.m. and 9 a.m. **Departure time:** between 4 p.m. and 5 p.m. and 4 p.m. on Friday **Show:** 4:30 p.m.

## Package Pricing

<b>Cost</b>	+	<b>GST</b>	+	<b>QST</b>	=	<b>Total</b>
\$ 425		\$ 21,25		\$42,39		\$ 488,64

## No childcare Service

Please respect the time frame for arrival and departure since we are unable to offer childcare services.

## Payment Policy and Bank Transfer Information

A **deposit of \$150** per child for each week of registration must be paid now in order to reserve their place. The **full balance** must be paid before June 1<sup>st</sup>, 2026.

**Email bank transfer:**  
[gestion@lafermedandre.ca](mailto:gestion@lafermedandre.ca)

**Security Question:**  
Farm's Name

**Answer:**  
Andre1

## Cancellation Policy

**Before June 1<sup>st</sup>, 2026**, possibility of refund, except the \$150 deposit retained for the opening of the file and the administration and management fees. Non-refundable after June 1<sup>st</sup>, 2026.

La Ferme d'André 2.0 inc.  
1082, chemin Upper Concession  
Ormstown (Québec) J0S 1K0

450.829.2940  
www.lafermedandre.ca  
gestion@lafermedandre.ca



## Registration Form - 2026 Day Camp

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

Week of :

- June 29 to July 3       July 6 to July 10       July 13 to July 17       July 20 to July 24  
CLOSED for vacation
- July 27 to July 31       August 3 to August 7       August 10 to August 14

Please note that a week may be canceled if the number of registrations is less than 50 campers. We will contact you to offer you another choice of dates, if necessary.

## Identification of your child – Send a picture of your child

New Camper:    Yes     No

How did you discover La Ferme d'André?

---

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
(yyyy-mm-dd) \_\_\_\_\_  
Spoken Language: \_\_\_\_\_ Sex:    F     M     Nonbinary

## Health information about your child

Medicare Number: \_\_\_\_\_  
Expiry date (yy/mm): \_\_\_\_\_  
Date of last anti-tetanus vaccine (yyyy-mm-dd): \_\_\_\_\_  
Does your child know how to swim?    Yes     No

## Does your child suffer from any of these allergies/intolerances? Severity of reactions?

	Severity of reactions				
	Allergy	Intolerance	Mild	Moderate	Severe
Cat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citrus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gluten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insect Bites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lactose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peanuts / Nuts / Pacan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seafood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sesame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other allergies and important information: \_\_\_\_\_

## Does your child need an Auto-injector?

Yes  No

## Does your child have any of these conditions?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> ADD                      | <input type="checkbox"/> ADHD                           | <input type="checkbox"/> Anxiety                    |
| <input type="checkbox"/> Asthma                   | <input type="checkbox"/> Attachment disorder            | <input type="checkbox"/> Autistic Spectrum Disorder |
| <input type="checkbox"/> Diabetes                 | <input type="checkbox"/> Dyslexia                       | <input type="checkbox"/> Dysphasia                  |
| <input type="checkbox"/> Epilepsy                 | <input type="checkbox"/> Gilles de la Tourette syndrome | <input type="checkbox"/> Hearing disorder           |
| <input type="checkbox"/> Hyperactivity            | <input type="checkbox"/> Impulsivity                    | <input type="checkbox"/> Language disorder          |
| <input type="checkbox"/> Migraine                 | <input type="checkbox"/> Motricity problem              | <input type="checkbox"/> Scoliosis                  |
| <input type="checkbox"/> Sensory hypersensitivity | <input type="checkbox"/> Swimmer's otitis               | <input type="checkbox"/> Vegan                      |
| <input type="checkbox"/> Vegetarian               | <input type="checkbox"/> Visual problem                 | <input type="checkbox"/> Wearing a dental appliance |

Please specify and add any important information: \_\_\_\_\_

## Special Accompaniment

Does your child need special accompaniment?

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.

## Parent # 1's Identification

Frist Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone Home: \_\_\_\_\_ Telephone Work: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Parent # 2's Identification

Frist Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone Home: \_\_\_\_\_ Telephone Work: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## RL-24 Summary Information – Childcare expenses

Tax receipt in the name of: Parent 1  Parent 2  Social insurance number: \_\_\_\_\_

## Other people to contact in case of an emergency (mandatory)

### 1<sup>st</sup> contact

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Telephone Home: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Relationship to the child: \_\_\_\_\_

### 2<sup>nd</sup> 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 four (4) hours to pick up your child.

## PARENT'S/GUARDIAN'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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

## PHOTO AUTHORIZATION

La Ferme d'André 2.0 regularly uses photos and videos where campers appear during their stay, for promotional purposes and 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.*

## BILL 25 – PROTECTION OF PERSONAL INFORMATION

### Ensuring your peace of mind is our commitment!

The protection of the personal information you entrust to us is a priority. For you, because they are part of your private life. For us, because they allow us to better identify you.

It is in this spirit that we are complying with the new requirements of legislation modernizing privacy legislation.

For the sake of transparency and kindness, we inform you that by doing business with us, you agree that we collect, use and communicate, including to our third parties, the personal information that is necessary to: know who you are; develop and maintain a relationship with you; comply with the law.

## MEDICATION TO TAKE DURING THE STAY

Child's first and last name: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Medication	Reason	Frequency
		<input type="checkbox"/> Regular <input type="checkbox"/> As needed
		<input type="checkbox"/> Regular <input type="checkbox"/> As needed
		<input type="checkbox"/> Regular <input type="checkbox"/> As needed
		<input type="checkbox"/> Regular <input type="checkbox"/> As needed
		<input type="checkbox"/> Regular <input type="checkbox"/> As needed
		<input type="checkbox"/> Regular <input type="checkbox"/> 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 when your child arrives at La Ferme d'André 2.0, we will validate this information with you.