

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

450.829.2940
www.lafermedandre.ca
gestion@lafermedandre.ca



Summer 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.

Length of Stay (5 days and 5 nights)

Arrival: Sunday between 2:30 p.m. and 4 p.m. **Departure:** Following Friday between 3 p.m. and 4 p.m. **Show:** 4:30 p.m.

The return home policy applies to all campers, including those who book a stay of two (2) consecutive weeks or more.

Package Pricing

Cost	+	GST	+	QST	=	Total
\$ 835		\$ 41,75		\$ 83,29		\$ 960,04

Discount

Enjoy a \$50 discount for registering a second child from the same family. A \$75 discount will be granted for the registration of a third child and beyond.

Enjoy a \$50 discount for registering your child for a second week or more.

Only one discount is granted per child.

Earn a \$75 referral bonus for signing up one or more friends who never stayed at the farm camp before.

A bonus will be given for each family referred.

Payment Policy and Bank Transfer Information

A **deposit of \$250** per child for each week of registration must be paid now to reserve their place. The **full balance** must be paid before June 1st, 2026.

Email bank transfer:
gestion@lafermedandre.ca

Security Question:
Farm's Name

Answer:
Andre1

Cancellation Policy

Before June 1st, 2026, possibility of refund, except the \$250 deposit retained for the opening of the file and the administration and management fees. Non-refundable after June 1st, 2026.

Registration Form - 2026 Summer Camp

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

Week of:	Closing evening	Week of:	Closing evening
<input checked="" type="checkbox"/> June 28 to July 3	Sold Out Disco Night»	<input type="checkbox"/> July 5 to July 10	« Halloween » party
<input checked="" type="checkbox"/> July 12 to July 17	Sold Out Beach » party	<input checked="" type="checkbox"/> July 19 to July 24	CLOSED for vacation
<input type="checkbox"/> July 26 to July 31	« Campers' Christmas» party	<input checked="" type="checkbox"/> August 2 to August 8	Sold Out Western » party
<input checked="" type="checkbox"/> August 9 to August 15	Sold Out Hollywood » evening		

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: (yyyy-mm-dd)	_____	Age:	_____
Spoken Language:	_____	Sex:	F <input type="checkbox"/> M <input type="checkbox"/> Nonbinary <input type="checkbox"/>

Health information about your child

Medicare Number: _____

Expiry date (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

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)

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/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.