

Registration form – 2024 Bury Day Camp

CONFIDENTIALITY AGREEMENT

The information is used for information among staff to ensure the safety of participants

SECTION 1 —PARTICIPANT INFORMATION

Last name:	First name:	Gender: G <input type="checkbox"/> B <input type="checkbox"/>
Date of birth :	The child must have completed kindergarten for 4 years old minimum, at the opening	
Address:	Town:	Postal code:
Telephone:	Other telephone:	
Primary school:	Grade completed on June 30, 2024	

SECTION 1 —RESPONDENTS INFORMATION (parents or guardians)

Last name:	First name:	Date of birth: D D M M Y Y Y Y
Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/>	Summary 24: % of the distribution if 2 payers:	Email:
Home telephone:	Work telephone:	

Last name:	First name:	Date of birth : D D M M Y Y Y Y
Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/>	Summary 24: % of the distribution if 2 payers:	Email:
Home telephone:	Work telephone:	

SECTION 1 — DEPARTURE AUTHORIZATIONS

I authorize my child to leave the SAE on foot alone: Yes No / on bike alone: Yes No

I authorize my child to leave the Day Camp with:

First name:	Last name:
Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	Emergency number

First name:	Name:
Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	Emergency number

Day camp t-shirt size: S M L (Included in the price of the regular 7-week service)

Inscription to day camp - RESIDENT

- Regular service (7 weeks 8 am to 4:30 pm) \$315
on or before June 7 (Field trips included)
- or
- Regular service (7 weeks 8 am to 4:30 pm). \$340
after June 7. (Field trips included)

Inscription to day camp – NON-RESIDENT

- (No applicable rebate)*
- Regular service (7 weeks 8 am to 4:30 pm) \$550
(Field trip included)

Day care service: **A** \$25/week: 7:30-8:00 am **B** \$45/week 7:30-8:00 am & 4:30-5:00 pm

Minimum of 5 participants required to offer option B – day care service from 4:30-5:00 pm

	Weekly inscription	Weekly costs Residents <i>(No applicable rebate)</i>	Weekly costs Non-residents <i>(No applicable rebate)</i>
1	July 2 to 5	<input type="checkbox"/> \$ 60.00	<input type="checkbox"/> \$125.00
2	July 8 to 12	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$125.00
3	July 15 to 19	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$125.00
4	July 22 to 26	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$125.00
5	July 29 to August 2	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$125.00
6	August 5 to 9	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$125.00
7	August 12 to 16	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$125.00

End of summer outing = \$35 \$25 more for a T-shirt in the first week of registration.

Health sheet 2024 — SAE Bury

SECTION 1 — PARTICIPANT INFORMATION (child)		
Name:	Surname:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Medicare no:		Expiration:
SECTION 3—MEDICAL INFORMATION ABOUT YOUR CHILD		
Does your child take medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your child have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please identify allergies, ailments, diseases or other particularities:		
<input type="checkbox"/> Light allergies: _____ <input type="checkbox"/> Asthma: <input type="checkbox"/> pump <input type="checkbox"/> Diabetes: <input type="checkbox"/> insulin <input type="checkbox"/> Epilepsy <input type="checkbox"/> Eczema <input type="checkbox"/> Hyperactivity/ADHD	<input type="checkbox"/> Heart disease <input type="checkbox"/> Visual problems : <input type="checkbox"/> Glasses <input type="checkbox"/> Lenses <input type="checkbox"/> Hearing disorders: <input type="checkbox"/> Device <input type="checkbox"/> Motor disorders: <input type="checkbox"/> Device support <input type="checkbox"/> Language disorders: <input type="checkbox"/> Dysphasia <input type="checkbox"/> Physical handicap: _____ <input type="checkbox"/> Intellectual disability: _____	
<input type="checkbox"/> Other: _____		
<p>If you have selected one or more boxes above, please give a detailed description of the health status (all information is relevant for the safety of your child).</p> <p><i>Example: Epilepsy: Type of crisis, frequency, duration, time of day, medication</i></p> <hr/> <p><i>In the event that we are unable to contact anyone listed above, I authorize the person responsible for the day camp to transport this child to a doctor's office, CLSC, or hospital for appropriate care if he/she is seriously hurt or ill.</i></p>		
SECTION 4: OTHER INFORMATION ON YOUR CHILD		
Would your child run away? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does your child know how to swim? Yes <input type="checkbox"/> No <input type="checkbox"/> With help? Yes <input type="checkbox"/> No <input type="checkbox"/>		
My child must always swim with: <input type="checkbox"/> Flotation device / <input type="checkbox"/> noodle		
Does he/she suffer from phobia (fear) _____ and/or of vertigo? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Please indicate all relevant information to help us better support your child:		
<hr/> <hr/>		

Parent signature

Date