

LOISIRS AU SOLEIL

FRENCH LANGUAGE SUMMER DAY CAMP

2010

Family Name				Camper's First Name											
Child's Age	<input type="text"/>	Birth Date	Year	Mo.	Day	Proof of age may be requested	Sex F-M	<input type="checkbox"/>	Returning Camper (check one)	<input type="checkbox"/>	New Camper				

Mailing Address (# and street)										Apt/ Unit #	
---------------------------------	--	--	--	--	--	--	--	--	--	-------------	--

City	Postal Code	Email Address/Courriel
------	-------------	------------------------

Name of Parent / Guardian / Primary Contact:				Home Phone No.				Work Phone No.			
--	--	--	--	----------------	--	--	--	----------------	--	--	--

Alternate contact when the Primary Contact is not available:								Phone No.			
--	--	--	--	--	--	--	--	-----------	--	--	--

Name of Person dropping camper off (if different from above):								Name of Person picking camper up (if different from above):							
---	--	--	--	--	--	--	--	---	--	--	--	--	--	--	--

Name of Family Doctor								Doctor's Phone No.			
-----------------------	--	--	--	--	--	--	--	--------------------	--	--	--

Health Card #				Letter Code				Cell/Mobile No.			
---------------	--	--	--	-------------	--	--	--	-----------------	--	--	--

Please provide information which may be helpful to staff. (e.g. allergies, medications, etc.)

Name of School										Grade Completed	
										by June 2010	

If your child would like to be placed together with his/her friend, please indicate and we will try our best to accommodate your request.

PREREQUISITE: CAMPER MUST BE CURRENTLY ENROLLED IN A FRENCH LANGUAGE/ IMMERSION SCHOOL AND COMPLETED MINIMUM ONE YEAR OF FRENCH INSTRUCTION.

Extended care (Ext.Care) is optional. (per week)

		<u>FEE</u>	<u>Ext.Care</u>	<u>Subtotal</u>
1	JULY 5 - JULY 9	\$185.00	\$15.00	<input type="text"/>
2	JULY 12 - JULY 16	\$185.00	\$15.00	<input type="text"/>
3	JULY 19 - JULY 23	\$185.00	\$15.00	<input type="text"/>
4	JULY 26 - JULY 30	\$185.00	\$15.00	<input type="text"/>
5	AUG. 3 - AUG. 6	\$155.00	\$12.00	<input type="text"/>
6	AUG 9 - AUG 13	\$185.00	\$15.00	<input type="text"/>

Subtotal \$

Less 10% if 4 weeks or more \$

Subtotal \$

CAMP T-SHIRT * @ \$11.00 \$

Indicate size:

* For safety and security reasons, the purchase of a camp t-shirt is required for the Wednesday outing unless one has been purchased from the previous year.

TOTAL (includes fees, optional XT care, and t-shirt) \$

Mail cheque and form to (NO POST DATED CHEQUES):
LOISIRS AU SOLEIL
2279 PINENEEDLE ROW
MISSISSAUGA, ON L5C 1V5

AUTHORIZATION AND CONSENT:

I give permission to the staff to arrange for any emergency medical care including hospitalization if necessary. I understand that in all cases, the staff will contact the parent first. Medical coverage for the camper is my responsibility. I hereby release the City of Mississauga and Loisirs au Soleil from all claims arising from participation in any camp activity. I recognize that the camp is not responsible for lost or stolen personal articles. The camper may be withdrawn with notice from the camp should he/she have extraordinary communication or behavioural issues.

Signature of Parent or Guardian _____

REGISTRATION & CANCELLATION POLICY

Due to the limited number of spaces, placement is guaranteed only with full payment. Spaces are assigned on a first-come, first-serve basis.

Notification of any cancellations must be made to the Registrar at least 7 days prior to the start date. A **\$25.00 administration fee per child per week** will be applied. Refunds will be issued in September.