REGISTRATION FORM :
Day Camp

INFORMATION ABOUT THE CHILD	
Last name :	First name :
Gender : ◯ F ◯ M ◯ Other	Health Card number :
Age upon registration :	Last year of studies completed :
4 to 11 years old on Day Camp start date: June 25, 2024	

GUARDIAN INFORMATION	
The child lives with : ◯ His parents ◯ His mother ◯ His father ◯ Shared custody ◯ Other : _____	
Name of parent (or guardian) 1:	Name of parent (or guardian) 2:
Gender : ◯ F ◯ M ◯ Other	Gender : ◯ F ◯ M ◯ Other
Occupation :	Occupation :
Address :	Address :
City :	City :
Postal code :	Postal code :
House phone number : _____-_____-_____	House phone number : _____-_____-_____
Work phone number : _____-_____-_____	Work phone number : _____-_____-_____
Cell phone number : _____-_____-_____	Cell phone number : _____-_____-_____
E-mail :	E-mail :
Allowed to pick up the child ? ◯ Yes ◯ No	Allowed to pick up the child ? ◯ Yes ◯ No
To issue the RL-24 slip, select the paying parent/guardian : ◯ Parent/guardian 1 ◯ Parent/guardian 2	**SIN of paying parent/ guardian :**

CONSENT – PHOTOS	
As part of the day camp activities, I consent to my child being photographed if the opportunity arises: ◯ Yes ◯ No	
These photos can be used for advertising purposes on our social media network : ◯ Yes ◯ No	
Full name of parent/guardian:	Signature :

PERSONS TO CONTACT IN CASE OF EMERGENCY (OTHER THAN PARENTS):	
Person to contact in case of EMERGENCY: ◯ Parent/guardian 1 and parent/guardian 2 ◯ Parent/guardian 1 ◯ Parent/guardian 2 ◯ Tutor	
Two other people to contact in case of EMERGENCY:	
Full name :	House phone number :
Connection with the child :	Cellphone number :
Full name :	House phone number :
Connection with the child :	Cellphone number :

MEDICAL FORM	
Does your child have allergies ? ◯ Yes ◯ No	
If so, which ones :	
Does your child has a dose of self-injectable adrenaline (EPIPEN, ANA-KIT)? ◯ Yes ◯ No	
TO SIGN IF YOUR CHILD HAS A DOSE OF ADRENALINE:	
I hereby authorize the individuals designated by the Town of Temiscaming Day Camp to administer, in case of emergency, a dose of adrenaline to my child.	
Signature of parent/ guardian :	

My child suffers from :	Yes	No	If so, specify :
Migraines			
Asthma			
Diabetes			
Épilepsy			
Convulsion			
Heart disorder			
Attention deficit			
Psychological problem			
Social problem			
Others			

Has your child ever had surgery? ? ◯ Yes ◯ No		
If so, specify :	Date :	Reason :

Serious injuries : ◯ Yes ◯ No	Chronic or recurrent illnesses : ◯ Yes ◯ No
Describe :	Describe :

Has your child ever had the following illnesses (check)?			
Chickenpox : Yes ◯ No ◯	Mumps : Yes ◯ No ◯	Scarlet fever : Yes ◯ No ◯	Measles : Yes ◯ No ◯

Check the vaccines received by your child:
Tetanus ◯ Measles ◯ Rubella ◯ Mumps ◯ Polio ◯ Tdap ◯ Others : _____

MEDICAMENTION

Is your child taking medication: ◯ Yes ◯ No	
If yes, name the medications:	
Dosage (by medications listed above):	
Does he take them himself? ◯ Yes ◯ No	I authorize the Town of Temiscaming Day Camp staff to assist in the administration of my child's medication : ◯ Yes ◯ No

I authorize the Town of Temiscaming Day Camp staff to administer over-the-counter non-prescription medication(s) to my child, if necessary. Please check the medications you authorize:

◯ Acetaminophen (Tylenol, Tempra) ◯ Antiemetic (Gravol) ◯ Antihistamine (Benadryl, Reactine)
◯ Anti-inflammatory (Advil) ◯ Cough syrup ◯ Antibiotic cream (Polysporin)
◯ Others, specify : _____

Signature of parent/ guardian :	

OTHER INFORMATION

Does your child have behavioral problems? ◯ Yes ◯ No If so, describe :
Is your child eating normally? ◯ Yes ◯ No If not, describe :
Does your child wear prosthetics? ◯ Yes ◯ No If so, describe :
Are there activities that your child cannot participate in or only under certain conditions? ◯ Yes ◯ No If so, explain :
Girl: Has she started menstruating? ◯ Yes ◯ No and she's not informed ◯ No, but she's informed Are there any special considerations on this subject? :

SWIMMING POOL AND CHILDREN'S SWIMMING SKILLS

My child swims : ◯ Very well ◯ Moderately well ◯ Very poorly ◯ Not at all
Should he wear a flotation device in the pool (shallow part)? ◯ Yes ◯ No
Should he wear a flotation device in the pool (deep end)? ◯ Yes ◯ No

DAYCARE SERVICE

Will your child attend daycare?	In the morning : ◯ Yes ◯ No	In the evening : ◯ Yes ◯ No

LOGISTIC - DAY CAMP

NEW Password to pick up the child in the evening: _____

(IMPORTANT: If you do not mention or know the password when picking up your child from day camp, staff will not be able to let your child leave with that person, even if they are related. To allow someone to pick up your child, you must give them the password you chose when you registered. This password can only be changed if the parents or guardians provide written notice to the day camp staff).

My child is ALLOWED to leave alone in the evening ? ◯Yes ◯No

ACCEPTANCE AND AUTHORIZATIONS

→ By signing the present, I authorize the Town of Temiscaming Day Camp staff and/or the Town of Temiscaming first aid workers to provide any necessary first aid as well as to transport my child by ambulance or otherwise, to a hospital facility if deemed necessary.

→ I agree to inform my child of the code of conduct and the regulations of the day camp and I accept the disciplinary measures that could result in the event of a breach on the part of my child;

→ If changes concerning my child's state of health occur before the start or during the day camp period, I undertake to transmit this information to the day camp management, who will follow up appropriately with the my child's entertainer;

→ I agree to cooperate with the management of the Town of Temiscaming Day Camp and to come and meet with them if my child's behavior interferes with the proper conduct of the activities.

Date :	
Full name (parent/guardian) :	
Signature (parent/guardian) :	

PRICES - DAY CAMP 2024

CHOICE OF CAMP WEEKS	PRICE (RES./NON-RES.)		CHECK
8-week package: June 25 to August 16, 2024	*450.00 $*	*562.00 $*	◯
Tuesday June 25 to Friday June 28, 2024	*70.00 $*	*122.00 $*	◯
Tuesday July 2 to Friday July 5, 2024	*70.00 $*	*122.00 $*	◯
Monday July 8 to Friday July 12, 2024	*70.00 $*	*122.00 $*	◯
Monday July 15 to Friday July 19, 2024	*70.00 $*	*122.00 $*	◯
Monday July 22 to Friday July 26, 2024	*70.00 $*	*122.00 $*	◯
Monday July 29 to Friday August 2, 2024	*70.00 $*	*122.00 $*	◯
Monday August 5 to Friday August 9, 2024	*70.00 $*	*122.00 $*	◯
Monday August 12 to Friday August 16, 2024	*70.00 $*	*122.00 $*	◯
CHOICE OF DAYCARE SERVICE WEEK	**PRICE (RES./NON-RES.)**		**CHECK**
8-week package: June 25 to August 16, 2024	*60.00 $*	*105.00 $*	◯
Tuesday June 25 to Friday June 28, 2024	*15.00 $*	*26.00 $*	◯
Tuesday July 2 to Friday July 5, 2024	*15.00 $*	*26.00 $*	◯
Monday July 8 to Friday July 12, 2024	*15.00 $*	*26.00 $*	◯
Monday July 15 to Friday July 19, 2024	*15.00 $*	*26.00 $*	◯
Monday July 22 to Friday July 26, 2024	*15.00 $*	*26.00 $*	◯
Monday July 29 to Friday August 2, 2024	*15.00 $*	*26.00 $*	◯
Monday August 5 to Friday August 9, 2024	*15.00 $*	*26.00 $*	◯
Monday August 12 to Friday August 16, 2024	*15.00 $*	*26.00 $*	◯

PAYMENT TERMS

Your child will be officially registered upon receipt of this completed form, accompanied by payment. We accept checks, cash, debit and credit cards Visa and MasterCard. The City of Témiscaming will charge a $25 fee for any bounced check.

PAYMENT AUTHORIZATIONS

Name of paying parent/guardian (in capital letters):	

◯VISA ◯MASTERCARD ◯OTHER : _____ EXPIRATION : _____/_____

One payment - I authorize the Center – Ville de Témiscaming to collect the entire amount upon receipt of my registration.

Cardholder signature **(required)** :	

REFUND TERMS

Day camp registration fees will be refunded in full less a $25 cancellation fee for cancellations received more than one month before the start of the Day Camp. Fees will not be refunded for cancellations made less than one month before the start of the Day Camp, nor for missed camp days.

In the event that a child is unable to participate in Day Camp activities for health reasons (with medical proof), the Town of Temiscaming will refund the full registration fee, less a $25 cancellation fee. Requests for refunds must be made in writing to the following e-mail address: lecentre@temiscaming.net