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 :
5 to 11 years old on day camp start date: June 23, 2025	

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	
I authorize that these same photos be used for advertising purposes on our social networks: ◯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 (ÉPIPEN), ANA-KIT)? ◯ Yes ◯No	
TO SIGN IF YOUR CHILD HAS A DOSE OF ADRENALINE:	
I hereby authorize the people designated by the City of Témiscaming Day Camp to administer, in the event of an 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 staff of the Témiscaming Day Camp to help administering my child's medications : ◯ Yes ◯No

I authorize the City of Témiscaming Day Camp staff to administer to my child, if necessary, one or more over-the-counter medications without a prescription. Select 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: Please note that if the password is not mentioned or unknown when picking up the child, the day camp staff will not be authorized to let them leave, regardless of the child's relationship with this person. To authorize anyone to pick up your child, you must provide them with the security password established during registration. This password cannot be changed without written notice. by parents/guardians given to day camp staff.)

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

ACCEPTANCE AND AUTHORIZATIONS

→ By signing this, I authorize the Summer Camp Employees and/or the Workplace First Aid responder of the City of Temiscaming to provide all necessary first aid as well as to transport my child by ambulance or otherwise to a hospital if it deems it 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 undertake to collaborate with the management of the Day Camp of the City of Témiscaming and to come and meet them if my child's behavior interferes with the smooth running of the activities;

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

PRICES - DAY CAMP 2025

CHOICE OF CAMP WEEKS		Regular fee	Resident fee	CHECK
8-week package: June 23 to August 15, 2025		*950.00 $*	*475.00 $*	◯
Monday June 23 to Friday June 27, 2025		*200.00 $*	*100.00 $*	◯
Monday June 30 to Friday July 4, 2025	(closed july 1st for Canada Day)	*200.00 $*	*100.00 $*	◯
Monday July 7 to Friday July 11, 2025		*200.00 $*	*100.00 $*	◯
Monday July 14 to Friday July 18, 2025		*200.00 $*	*100.00 $*	◯
Monday July 21 to Friday July 25, 2025		*200.00 $*	*100.00 $*	◯
Monday July 28 to Friday August 1, 2025		*200.00 $*	*100.00 $*	◯
Monday August 4 to Friday August 8, 2025		*200.00 $*	*100.00 $*	◯
Monday August 11 to Friday August 15, 2025		*200.00 $*	*100.00 $*	◯
CHOICE OF DAYCARE SERVICE WEEK		**Regular fee**	**Resident fee**	**CHECK**
8-week package: June 23 to August 15, 2025		*120.00 $*	*60.00 $*	◯
Monday June 23 to Friday June 27, 2025		*30.00 $*	*15.00 $*	◯
Monday June 30 to Friday July 4, 2025	(closed july 1st for Canada Day)	*30.00 $*	*15.00 $*	◯
Monday July 7 to Friday July 11, 2025		*30.00 $*	*15.00 $*	◯
Monday July 14 to Friday July 18, 2025		*30.00 $*	*15.00 $*	◯
Monday July 21 to Friday July 25, 2025		*30.00 $*	*15.00 $*	◯
Monday July 28 to Friday August 1, 2025		*30.00 $*	*15.00 $*	◯
Monday August 4 to Friday August 8, 2025		*30.00 $*	*15.00 $*	◯
Monday August 11 to Friday August 15, 2025		*30.00 $*	*15.00 $*	◯

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.

REFUND TERMS

Day camp registration fees will be refunded in full less a $25 cancellation fee in the event of cancellation more than one month before the start of day camp. Fees will not be refunded in the case of cancellation less than one month before the start of the day camp, nor for missed camp days. In the event that the child can no longer participate in day camp activities for health reasons (supporting medical proof), the City of Témiscaming will reimburse the entire registration fee, less cancellation fees. of $25. Any request for reimbursement must be made in writing to the following email address: lecentre@temiscaming.net