



# Day Camp Registration Form

(One form per child)

Name : \_\_\_\_\_ First Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Age (on June 26th) : \_\_\_\_\_

Address : \_\_\_\_\_

Postal Code : \_\_\_\_\_

Main Phone number : \_\_\_\_\_

Health Insurance Card Number : \_\_\_\_\_ Exp \_\_\_\_\_

Current School Year : \_\_\_\_\_

## PARENT 1

Full Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Work Phone Number : \_\_\_\_\_

## PARENT 2

Full Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

### Parent Consent/photos

I authorize Godmanchester Day Camp to take pictures of my child as part of the day camp activities and to use them for publicity purposes.

Yes

No

### Email

For the sake of the environment, communications will be done by email or official Facebook group.

Courriel 1 : \_\_\_\_\_

Courriel 2 : \_\_\_\_\_

### Child Custody

Mother/father

Mother

Father

Joint Custody

Other : \_\_\_\_\_

Who is authorized to come pick up your? (Other than both parents)

Full Name : \_\_\_\_\_ lien : \_\_\_\_\_

Full Name : \_\_\_\_\_ Relationship with the child : \_\_\_\_\_

Please note that if your child is not picked up by an authorized person, the child care staff will not be allowed to let your child go, regardless of relationship to that person.

## To issue « relevé 24 », please provide the parent's contact information

If 2 "relevé 24" are to be produced, the full information of the parents must be entered along with the percentage of each.

Full Name : \_\_\_\_\_

S.I.N.: \_\_\_\_\_ S.I.N.: \_\_\_\_\_

### HEALTH FORM – DOES YOUR CHILD:

Have allergies  Yes  No

Specify : \_\_\_\_\_ **Epipen**  Yes  No

Has other health problems?  Yes  No

Specify : \_\_\_\_\_

Has a specific diagnosis?  Yes  No

Specify : \_\_\_\_\_

Sometimes encounters behavioral challenges?  Yes  No

Specify : \_\_\_\_\_

Must take medication during the day?  Yes  No  
(Please complete the medication authorization form)

Should any changes occur in my child's health, I agree to forward this information to the management, who will follow up with my child's counsellor as appropriate. By signing this form, I authorize the activity leaders to provide first aid to my child. If the management deems it necessary, I also authorize them to transport my child by ambulance or otherwise to a hospital. The Municipality of Godmanchester reserves the right to terminate this service in the event that the restrictions and other recommendations issued in connection with the COVID-19 hereunder are maintained in whole or in part during the period of its operation, without prior notice, penalty or other formality.

## Inscriptions

	Yes	No
Week 1 : June 26th to 30th		
Week 2 : July 3rd to 7th		
Week 3 : July 10th to 14		
Week 4 : July 17th to 21st		
Week 5 : July 24th to 28th		
Week 6 : July 31st to August 4 <sup>th</sup> /*		
Week 7 : August 7th to 11th		
Week 8 : August 14th to 18th		

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