

# MONTRÉAL, VILLE DE SCIENCES ET COMMUNICATION !

## 2010 REGISTRATION FORM

Camper's Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ E-mail Address : \_\_\_\_\_

**IMPORTANT: In case of a change in e-mail address prior to August 9, 2010, please keep us informed of your new one as e-mail is the primary mode of communication.**

Are you a Camp Baby Point en Français-Trip to MTL alumnus? Yes No Which year(s) did your child(ren) attend the camp? \_\_\_\_\_

Child's age on August 9: \_\_\_\_\_ Completed Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Level of spoken French: Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_ Is French spoken at home? \_\_\_\_\_

School's Name: \_\_\_\_\_ Board's Name: \_\_\_\_\_

Name of Parents /Guardian: Mother \_\_\_\_\_ Father \_\_\_\_\_

Mother (or guardian) Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_ Cell : \_\_\_\_\_

Father (or guardian) Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Legal Custody: Both \_\_\_ Father\_\_\_ Mother \_\_\_ Other \_\_\_\_\_ then specify your relationship \_\_\_\_\_

Which person should we contact first in case of emergency? \_\_\_\_\_

If you are away from home between August 9 & 13, list phone number(s) where to contact you: \_\_\_\_\_

Please notify us now, or prior to August 9, of your place of residence the week of August 9: \_\_\_\_\_

***You are responsible to inform us of any changes in phone numbers or place of residence during the camp that might differ from the information on this form.***

Alternate contact for emergency : \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Names of people picking up the child (if different from parent or guardian name) at Union Station on Friday, August 13, in Toronto:

\_\_\_\_\_

Roommate request \_\_\_\_\_

Please indicate the names of other friends of your child that are registered in the camp; if possible we will group them together.

\_\_\_\_\_

Swimming ability: Non swimmer \_\_\_ Beginner \_\_\_ Average \_\_\_ Advanced \_\_\_

Re CPF membership: *please supply your membership #:* \_\_\_\_\_ *Expiry date:* \_\_\_\_\_

I/We understand that the 1<sup>st</sup> page of this Registration Form will be shared with Canadian Parents for French to process your membership. I/We understand that the personal information collected on this form is for the purpose of forwarding various newsletters and other mailings related to FSL matters as well as fundraising materials. Occasionally, the CPF membership list may be made available to other groups/agencies to offer members special benefits or education-related information. Use of the list will be carefully regulated and only permitted under a contract specifying confidentiality and one-time authorization. If you do **NOT** wish to receive mailing other than directly from CPF, please check here:

Name of Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Registration Procedures

*Return the completed Registration Form + the \$400 initial deposit by March 8 + May 15 post-dated cheques for remaining fees + a photocopy of your child's OHIP card.*

- The Registration Form must be accompanied by the initial \$400 deposit, dated March 8, to secure a place that will be confirmed via e-mail within 2 weeks of receipt of the Form. All cheques are made payable to *Expérience Authentique*. Mailing address: *Expérience Authentique, 66 Baby Point Crescent, Toronto ON M6S 2C1*
- Include May 15 post-dated payments payable to *Expérience Authentique*: \$390 of tuition balance + \$39.50 GST on overall tuition + separate cheque for train ticket cost ( \$91 for under 12yr old, \$139 for 12yr old & up)
- Include if required CPF annual membership/ family: \$25 cheque payable to Canadian Parents for French unless existing family membership expires after Dec 31/2010.
- Registrations are processed in the order of receipt of the Registration Forms. Additional forms are available online at [www.experienceauthentique.com/summercamps.asp](http://www.experienceauthentique.com/summercamps.asp) or [www.cpfont.on.ca](http://www.cpfont.on.ca) under CPF Summer Camps & Trip to Montreal.

### Cancellation & Refund Policy

- \$250 is held as a non-refundable deposit. If an application is cancelled after May 15, the fee paid up to that point, minus the \$250 deposit and including the transportation cost, is refunded only if another camper can take the vacant spot and train ticket. At the discretion of the Camp Director, the camp may be cancelled due to insufficient enrollment; families would be informed of a cancellation no later than May 15 and would get 100% of their camp fee back.
- Refunds will not be issued in instances where the camper is removed from the camp program at the choice or request of the camper or camper's parent(s)/guardian(s) or is dismissed from camp for contravention of camp guidelines or the camp Code of Conduct for behaviour
- A service charge of \$30 will apply to payments declined by the chosen financial institution.

### Health Matters

HEALTH INFO	DETAILS
<b>Camper's OHIP card number</b> <i>(please include a photocopy of the card)</i>	
<b>Date of expiry of the OHIP card</b>	
<b>Doctor's Name &amp; Phone Number</b>	
MEDICAL INFO	DETAILS
<b>Dietary restrictions</b>	
<b>Allergies</b>	
<b>Asthma</b>	
<b>Special Needs</b>	
<b>Confirm your approval for camp staff to administer Tylenol or Benadryl in case of fever or allergy if it is deemed to improve the comfort of the camper</b>	Please circle: <b>YES</b> <b>NO</b>

## Parent/Guardian Release Form

- ❖ I understand the out of the province OHIP coverage as detailed at [http://www.health.gov.on.ca/english/public/pub/ohip/travel\\_another\\_province\\_territory.html](http://www.health.gov.on.ca/english/public/pub/ohip/travel_another_province_territory.html) and understand the financial exposure for non OHIP covered medical costs when in Quebec. I am aware that most hospitals in Quebec, in case of emergency, bill OHIP directly for the care of OHIP-covered patients. I have also been advised to purchase additional medical coverage. I hereby confirm that I am responsible for any medication expenses incurred beyond what is covered by OHIP billable services delivered at Quebec-based hospitals. In addition to supplying a photocopy of my child's health card and completing the Health Matters section of the Registration Form, I agree to discuss all unique dietary and health considerations with Evelyne Dufau, Camp Director, and forward appropriate medication, food and documentation as necessary.
- ❖ I understand that participation in any summer activities such as the ones described in the *Montréal, Ville de Sciences et Communication!* brochure can result in possible injury and I accept full liability.
- ❖ I permit my child to participate in the full range of activities and authorize the Camp Director or her appointee, in the event of accident or illness affecting my child, to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as he/she may deem essential for the care and well being of the camper. Such action is to be taken only when immediate contact with the undersigned cannot be made.
- ❖ I agree to release and indemnify, Evelyne Dufau and the camp staff, CPF, its officers, employees and contracted staff connected with CPF camps, from all liability for damage resulting from the participation of my child or ward in the *Montréal, Ville de Sciences et Communication!* camp.
- ❖ I understand that the camp does not accept the responsibility for damage to, or loss of, personal belongings during the camp.
- ❖ I understand that the Camp Director has the right to terminate the registration of any camper at any time when it is deemed by the Director to be in the best interests of the child, or the camp.
- ❖ I understand that there is a late pick-up fee and agree to pay the staff member(s) who stay late with my child, past the scheduled meeting time upon train return in Toronto on Friday, August 13PM, as follows: \$10 for any part of each fifteen minute interval will be charged at the time of pickup.
- ❖ I understand and authorize our child to travel by Montréal & Laval Public Transportation (subways & buses) and by train with VIA RAIL under the supervision of the counselors.
- ❖ I have read all the above information in this Registration Form, including the Cancellation & Refund Policy, and agree to abide by the conditions outlined.
- ❖ **Photography release form:** Some portions of the camp's events may be videotaped or photographed by our camp. The camper's name may also be released to the local media and could be published in a newspaper or another print publication. Parent/Guardian, please check the box if neither our camp nor CPF are permitted to photograph, videotape or release the name of this student : **MAY NOT** be photographed or published

### CODE OF CONDUCT

*The safety of each individual is of the utmost important to Camp Director Evelyne Dufau and the camp staff. I and my child recognize a personal responsibility to learn and follow at all times safety and other rules established by the Camp Director and staff. I and my child understand that any behaviour that places my child, or others, at risk may result in immediate dismissal from the camp. I agree to assume any expense(s) arising from program dismissal. I understand that no refund will be granted for dismissal or removal of my child at my own or my child's request before the end of the camp session.*

In order to ensure the safety and well-being of all participants Evelyne Dufau, as Camp Director, reserves the right to alter the program at any time without compensation to participants, parents or guardians.

I have carefully read, understand, and accept the Cancellation and Refund Policy, the terms of the parent/guardian release form and Code of Conduct information outlined above. I am permitting my child \_\_\_\_\_ to attend the *Montréal, Ville de Sciences et Communication!* camp operated by Evelyne Dufau, owner of *Expérience Authentique*.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MAIL the form + deposit + deposit + post-dated cheques made out to *Expérience Authentique* + a copy of OHIP card.**

**Mailing address: *Evelyne Dufau, Expérience Authentique, 66 Baby Point Crescent, Toronto, ON M6S 2C1***