



French Summer Camp 2020 Registration Form

ATTENTION: Post-dated payments will be accepted as from August 15 2020 (debited from June 1st).

The French Summer Camp will take place from June 29th to August 21st, 2020 at the new
École des Pionniers-de-Maillardville, located at 1618 Patricia Ave, Port Coquitlam, V3B 4A8.

First child			
First name	Last name	Birth date (dd/mm/yyyy)	
		/ /	
Second child, if applicable.			
First name	Last name	Birth date (dd/mm/yyyy)	
		/ /	
Address	Postal code	Home phone number	

*** The copy of an ID of one of the parents or legal guardian is required. ***

Mother's name		Father's name	
Work number	- -	Work number	- -
Cell number	- -	Cell number	- -
Email address		Email address	
Emergency contact		Phone number	- -

School

Indicate which program and/or school your children attend (specify which child, if necessary):

<input type="checkbox"/> Francophone program. Name of the program :	
<input type="checkbox"/> French Immersion Program / Francophone School. Name of the school :	
<input type="checkbox"/> Anglophone school without immersion program. Name of the school :	
In which class will your child(ren) be registered in SEPTEMBER 2020 ?	First child
	Second child

Level of French and Swimming ATTENTION: A good level of French is necessary to participate in the summer camp.

Choose the appropriate number for each child: **1. No knowledge** **2. Beginner** **3. Intermediate** **4. Advance**

Level of French	First child	Second child	Level of swimming	First child	Second child
<input type="checkbox"/> I do not want my children to swim. Specify which one if necessary:					

Medical informations

Doctor's name	Phone	CareCard number	
		First child	Second child
First child Check the appropriate boxes			
My children have	<input type="checkbox"/> Allergies <input type="checkbox"/> Diseases <input type="checkbox"/> Medication <input type="checkbox"/> Behavioral or learning disorders		
Please specify			
Second child Check the appropriate boxes			
My children have	<input type="checkbox"/> Allergies <input type="checkbox"/> Diseases <input type="checkbox"/> Medication <input type="checkbox"/> Behavioral or learning disorders		
Please specify			

Conditions and allowances	
<input type="checkbox"/>	I assume all risks associated with the participation of my children in the 2020 summer camp and waive all rights and claims that I may have against the Société francophone de Maillardville (SFM), its directors, employees, agents or volunteers, in relation with the participation of my children in the summer camp.
<input type="checkbox"/>	I jointly and severally indemnify the city of Coquitlam, the city of Port Coquitlam, the École des Pionniers-de-Maillardville, the SFM, its directors, employees, agents and volunteers, for any cost, loss, action, indemnity, responsibility and damage of any type in direct or indirect relation with the participation of my children in the Francophone summer camp 2020 of the SFM.
<input type="checkbox"/>	Responsibility I authorize SFM employees to act on my behalf, in the event that my children need medical care, including an emergency operation, and that a parent is not immediately reachable.
<input type="checkbox"/>	Activities outside the camp site I authorize my children to participate in organized activities taking place outside the École des Pionniers-de-Maillardville, being at 1618 Patricia Ave, Port Coquitlam, V3B 4A8, and I agree not to consider the SFM as responsible for any injury or damage that my children may experience on the way to or during one of the activities outside the camp site.
<input type="checkbox"/>	Photo and videos I authorize the taking of photos and videos of my children, me and his other parent, by employees and members of the SFM. I grant all rights to use these images and videos, as well as any reproduction or adaptation thereof. I am aware that this may include their use in print and online publications, social networks, press releases and funding applications. I understand all the risks associated with my participation in these photos and videos and waive all rights and claims that I may have against the SFM, its directors, employees, agents and volunteers. I waive any rights to review or approve the use of these images and videos.
Signature	Date (dd/mm/yyyy)
	/ /

Method of payment

Indicate which payment method you wish to use.

<input type="checkbox"/>	Cash or Debit Card (Please come at the office from Monday to Friday between 9:30 am and 4:30 pm)
<input type="checkbox"/>	Check (Please attach the check with this form OR come at the office during opening hours.)
<input type="checkbox"/>	Credit Card (Please fill in the information requested below.)

Credit card information

Cardholder name	Email address where the invoice will be sent	
Cardholder's address (if different from the one on the form)	City	Postal Code
Card type	Card number	Expiry date
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard		/

By signing this debit mandate form, you authorize Société Francophone de Maillardville to proceed with the payment, in accordance with the number of children and weeks of registration. The amount for the total of the requested days will be paid in the same transaction, unless otherwise requested. An understanding of payment can be undertaken.

Be aware that **your children's registrations will not be confirmed until after the payment has been received.** As long as payment not made, we reserve the right to offer space to another child.

All refund requests must be submitted at least 3 weeks before the reserved date. This includes the daycare fees. Beyond this limit, there will be no refund possible. Note that the **\$25 administration fee is non-refundable.**

Signature	Date (dd/mm/yyyy)
	/ /