



French Summer Camp 2021 Registration Form

The French Summer Camp will take place from **July 5th to August 27th, 2021** 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. *

Parent or Legal guardian's name		Parent or Legal guardian'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 2021 ?	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			

Choice of Weeks and Day care

The cost per week of 5 days is \$ 170.

The cost of the camp for a drop-in is **\$40/day**.

We charge a **\$25 non-refundable administration fee** for each registration.

The camp runs from **8:30am to 3pm**. We offer a **post-camp service from 3pm to 5pm** at a cost of **\$10/day**.

Reservations must be made at least 48 hours, working days, before the desired date.

Please check the desired camp and daycare days.

	Monday	Tuesday	Wednesday	Thursday	Friday	Price
<input type="checkbox"/> Week #1 : July 5 - 9 (170\$)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Daycare 3 to 5 pm (10\$/day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week #2 : July 12 - 16 (170\$)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Daycare 3 to 5 pm (10\$/day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week #3 : July 19 - 23 (170\$)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Daycare 3 to 5 pm (10\$/day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week #4 : July 26 - 30 (170\$)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Daycare 3 to 5 pm (10\$/day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week #5 : August 2 - 6 (170\$)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Daycare 3 to 5 pm (10\$/day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week #6 : August 9 - 13 (170\$)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Daycare 3 to 5 pm (10\$/day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week #7 : August 16 - 20 (170\$)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Daycare 3 to 5 pm (10\$/day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Week #8 : August 23 - 27 (170\$)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Daycare 3 to 5 pm (10\$/day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total						\$

Additional information

Consent

Please check the following boxes and sign below.

Conditions and allowances	
<input type="checkbox"/>	I assume all risks associated with the participation of my children in the 2021 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 2021 of the SFM.
Responsibility	
<input type="checkbox"/>	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.
Activities outside the camp site	
<input type="checkbox"/>	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.
Photos and videos	
<input type="checkbox"/>	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 make an appointment - 604 515-7070)
<input type="checkbox"/>	Cheque (Please attach the cheque with this form and mail to SFM - 938 Brunette Ave #200, Coquitlam, BC V3K 1C9)
<input type="checkbox"/>	Credit Card (Please fill out 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 is 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)
	/ /

Please send this form by email to summercamp.maillardville@gmail.com