

**Austin Summer Day Camp 2019
Registration Form
(please use one registration form for each child)**

Identification of child

Family name: _____ First name: _____

Age: _____ Birthdate: _____ Sex: Boy Girl

Health Insurance number: _____ Expiry date: _____

Person to contact in case of emergency:

Telephone number: _____ Relationship: _____

Identification of parents

Mother's name: _____ Phone at work: _____

Address: _____ City: _____ Postal code: _____

Telephone (day): _____ Email: _____

Father's name: _____ Phone at work: _____

Address: _____ City: _____ Postal code: _____

Telephone (day): _____ Email: _____

Do you need a receipt at the end of the session for income tax purposes? Yes No

In whose name should the receipt be made out? _____

Name and social insurance number of paying parent: _____

Additional information

Person(s) authorized to pick-up your child: _____

Do you allow your child to:

- Walk home alone for lunch? Yes No
- Leave by bike at 4:30 p.m? Yes No
- Walk home alone at 4:30 p.m? Yes No

Does your child know how to swim? Yes No

If your child cannot swim, please ensure that he or she brings a fitted lifejacket on days when water activities are scheduled

Child's Medical Information:

Does your child suffer from any illness or allergies Yes No

If yes, which one(s)? _____

If yes, does your child have an Epi-Pen? Yes No

Does your child know how to use it? Yes No

Any other medical concerns or health problems?:

Additional comments concerning your child:

Please indicate the weeks for which you wish to enroll your child:

| CHECK | WEEK | DATES | DAYCARE | PAYMENT |
|-------|------|---|--|---------|
| | 1 | June 25 th - 28 th (4 days) | am <input type="checkbox"/> pm <input type="checkbox"/> | |
| | 2 | July 2 nd - 5 th (4 days) | am <input type="checkbox"/> pm <input type="checkbox"/> | |
| | 3 | July 8 th - 12 th | am <input type="checkbox"/> pm <input type="checkbox"/> | |
| | 4 | July 15 th - 19 th | am <input type="checkbox"/> pm <input type="checkbox"/> | |
| | 5 | July 22 nd - 26 th | am <input type="checkbox"/> pm <input type="checkbox"/> | |
| | 6 | July 29 th - August 2 nd | am <input type="checkbox"/> pm <input type="checkbox"/> | |
| | 7 | August 5 th - 9 th | am <input type="checkbox"/> pm <input type="checkbox"/> | |

For your information, Construction Holiday in 2018 will span the weeks of July 21st to August 3rd.

Please note that the day camp will be closed June 24th and July 1st, 2018.

Outings

Please indicate the outings in which your child will participate:

| CHECK | WEEK | DATES | OUTING |
|-------|--------|--------|---------------------------------------|
| | Week 2 | July | ACCRO PARC - Circus activity in Magog |
| | Week 4 | July | Info to come |
| | Week 7 | August | Correspondances d'Eastman |

Details will be provided during the week of the outing.

Authorization

Local outings:

I authorize my child to participate in outings and excursions taking place within 5 km of the Austin town hall. These outings and excursions will be made on foot, by bike or by car driven by a parent.

Health:

I authorize the Austin Day Camp personnel to:

- 1) administer prescription medications to my child
- 2) administer first aid if necessary
- 3) have my child transported to hospital by ambulance, at my expense, in case of emergency, and I release the day camp staff from any and all responsibility.

Photos:

I hereby authorize the Municipality of Austin to use photos taken of my child for use on the municipality's website for general information purposes, and/or to post them in the display case at Town Hall.

Signature: _____ Date: _____
Parent or legal guardian

Thank you for participating in this year's summer camp!