

A+ French Tutoring – Summer Camp 2010 Registration Form

Registration information:

Child's name	Birth date (mm-dd-yyyy)	Grade in September

Emergency Contact Information:

Parent/Guardian	Daytime #	Cell #	Relationship

Home address: _____

City: _____ Email: _____

Program Details (please check weeks you would like to register for)

Choices	Week of	Cost per child	Special friend or theme requests?
	July 12-16	\$150	
	July 19-23	\$150	
	July 26-30	\$150	
	Aug 9 -13	\$150	
	Aug 16 – 20	\$150	
	Aug 23 -27	\$150	

Payment:

Total # of Children _____ Total # of weeks _____

If the combination of weeks X children is 3 or greater, please apply \$25 discount to total cost of program.

Deposit of \$50 per child, per week due on registration. Cash or cheque to Julie Boyer is acceptable. Full payment due on July 1st for July sessions, Aug 1st for August sessions. This can be in the form of a post-dated cheque. Deposit is non-refundable. Once payment has been made in full, there will be no refunds.

WAIVER OF CLAIMS & INDEMNITY : I give permission to have camp staff arrange for any emergency medical care. In all cases attempts will be made to contact the parent first. The participants are responsible for their own medical coverage. I hereby release the camp organizers from all claims arising from the participation in any activities.

Release Form : I hereby release A+ Tutoring and Julie Boyer from all liability for damage and/or injuries resulting from participation of my child or ward in the summer camp program.

I have read, understand and accept all the terms of this registration form and am permitting my child(ren): _____ to attend the summer camp program.

Print Name: _____

Date: _____ **Signature:** _____

The Form MUST be signed to be accepted.

Please post all documents to:

Julie Boyer

202-2095 Prospect St.

Burlington ON L7R 1Z5

Registration will be accepted by email(juliecmboyer@gmail.com) and will be considered confirmed when registration forms and deposit cheque has been received.

**Medical Information – One form per child
TO BE COMPLETED BY PARENT/GUARDIAN**

Name of child _____ OHIP #: _____

Describe your child's medical condition (allergies, infection, etc...)

Please provide name of medication and dosage (e.g. inhalers) _____

Please describe any restrictions due to illness/medical condition _____

FOR ALL EPIPEN USERS, please complete the section below

How severe is your child's allergy? (to smell it or eat it or both) _____

Signs and Symptoms when exposed to allergen _____

Can your child recognize the symptoms of his/her allergic reaction? _____

Can he /she self-administer? _____

Can you send 2 EpiPens? _____

Prescribing Physician's name and phone number _____

PARENT/GUARDIAN APPROVAL AND RELEASE: I hereby request and give permission to camp staff to assist my child in administering his/her prescribed medicine according to instructions completed above and to the best of their ability. I/We agree to release and indemnify camp staff, volunteers and principal of any claims that may arise as a result of any errors or negligence in administering the described medication (including epipens) with regards to but not exclusively, dosage, timely administration of the medication (including epipens).

Signature of Parent/guardian:

_____ Date: _____