

**Municipality of Pontiac Day Camp**

**2022 REGISTRATION FORM**

**1. GENERAL INFORMATION ABOUT YOUR CHILD:**

Family name :	
First name:	
Address:	
Postal code:	
Sex:	M <input type="checkbox"/> F <input type="checkbox"/>
Date of birth:	
Health insurance number:	
Health insurance card expiration date:	
Allergies:	EpiPen : _____
Age on September 30, 2022:	
What school year will your child be attending in 2022-2023:	

**2. CHOICE OF WEEKS (please tick):**

July 4 to July 8		Aug.1 to Aug. 5	
July 11 to July 15		Aug. 8 to Aug. 12	
July 18 to July 22		Aug. 15 to Aug. 19	
July 25 to July 29		Aug. 22 to Aug. 26	

*The day camp is open Monday through Friday between 7 am and 5:30 pm (activities schedule from 9am to 4 pm).*

**3. INFO PARENTS - GUARDIAN :**

<b>FOR ISSUANCE OF RELEVÉ 24 SLIP:</b>  In order to obtain a <b>Relevé 24</b> for income tax purposes, you must provide your S.I.N. (social insurance number), otherwise no statement will be issued. If you wish to split the <b>Relevé 24</b> for income tax purposes between two parents for the same child, you must provide the S.I.N. of both parents.	Name of paying parent 1:
	S.I.N.:
	Name of paying parent 2:
	S.I.N.:
<b>Father's name:</b>	
Address:	
Telephone:	(Residence)
	(Office)
	(Cell.)
Email:	
<b>Mother's name:</b>	
Address:	
Telehpone:	(Residence)
	(Office)
	(Cell.)
Email:	
<b>CHILD'S CAREGIVER:</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Father and mother</li><li><input type="checkbox"/> Mother</li><li><input type="checkbox"/> Father</li><li><input type="checkbox"/> Shared</li><li><input type="checkbox"/> Other : _____</li></ul>

**CONTACT IN CASE OF EMERGENCY**

- ☐ Mother  
☐ Father  
☐ Shared  
☐ Other : \_\_\_\_\_

**4. PAYMENT METHOD:**

Day camp registration fees are 150\$ per week, per child.

Payment must be made in full upon registration. VISA, MASTERCARD, DEBIT or CASH are accepted. CHEQUES made out to the MUNICIPALITY OF PONTIAC will also be accepted; please note however that a fee of \$30 is applicable on any NSF cheques.

It is possible to divide the total amount into a maximum of **4 equal payments**:

1. 1 payment on the date of registration
2. A maximum of 3 postdated cheques as follows: May 11, May 25 and June 8.

**5. TERMS AND CONDITIONS OF REIMBURSEMENT:**

Before May 25th: total reimbursement of registration fees, minus a cancellation fee of \$30.

After May 25th: No refund is issued, except upon presentation of a medical report or if you are moving. If the person registered is moving outside the municipality before the end of the day camp, proof will be required, and reimbursement will be pro-rated to the days the child participated.

**I accept the conditions of the Day Camp established by the Municipality:**

\_\_\_\_\_  
 Name of parent or guardian

\_\_\_\_\_  
 Nom du parent ou tuteur

\_\_\_\_\_  
 Signature of parent or guardian

\_\_\_\_\_  
 Signature of parent or guardian

Date :

Date :