

MUNICIPALITY OF PONTIAC SUMMER DAY CAMP

REGISTRATION FORM 2025

CHILD'S GENERAL INFORMATION:

Surname:	
Name:	
Address:	
Postal code:	
Gender:	M <input type="checkbox"/> F <input type="checkbox"/>
Date of birth:	
Health insurance number:	
Expiration:	

CHOICE OF WEEKS:

NOTE : Pricing is based on a full 5 day week.
 NO per day pricing will be accepted.
 (Select and check your weeks)

June 23 to June 27, 2025*		July 21 to July 25, 2025	
June 30 to July 4, 2025*		July 28 to August 1, 2025	
July 7 to July 11, 2025		August 4 to August 8, 2025	
July 14 to July 18, 2025		August 11 to August 15, 2025	

The Day Camp is open Monday to Friday from 7 :30 a.m. to 5 :30 p.m. (animation schedule between 9 a.m. and 4 p.m.).

**Weeks calculated on a prorated basis*

PARENTS – GUARDIAN INFORMATION:

<p>FOR RELEVÉ-24 ISSUANCE:</p> <p>To obtain a Relevé 24 for your income tax purposes, you must provide your SIN (Social Insurance Number), otherwise no statement will be issued. If you wish to divide the Relevé 24 for income tax purposes between two parents for the same child, you must provide the SIN of both parents.</p>	<p>Name of paying parent 1:</p>
	<p>SIN:</p>
	<p>Name of paying parent 2:</p>
	<p>SIN:</p>
<p>Father's name :</p>	
<p>Address :</p>	
<p>Telephone :</p>	<p>(Home)</p>
	<p>(Office)</p>
	<p>(Cell.)</p>
<p>Email:</p>	
<p>Mother's name :</p>	
<p>Address :</p>	
<p>Telephone :</p>	<p>(Home)</p>
	<p>(Office)</p>
	<p>(Cell.)</p>
<p>Email :</p>	
<p>CUSTODY OF THE CHILD :</p>	<p><input type="checkbox"/> Mother and father</p> <p><input type="checkbox"/> Mother</p> <p><input type="checkbox"/> Father</p> <p><input type="checkbox"/> Shared</p> <p><input type="checkbox"/> Other : _____</p>
<p>CONTACT IN CASE OF EMERGENCY</p>	<p><input type="checkbox"/> Mother</p> <p><input type="checkbox"/> Father</p> <p><input type="checkbox"/> Shared</p> <p><input type="checkbox"/> Other : _____</p>

1. TERMS OF PAYMENT:

The day camp registration fee is \$160 per week, per resident child, and \$200 per week, per non resident child.

Payment must be complete and submitted upon registration. VISA, MASTERCARD, DEBIT CARD and CASH are accepted. CHEQUES made out to the MUNICIPALITY OF PONTIAC will also be accepted, however any NSF cheque will incur a fee of \$20.

It is possible to divide the total amount of registration fees into **2 equal payments:**

1. A first payment of 50% of the total invoice, at the time of registration (and once the documentation has been completed and approved by the Recreation Department);
2. The second 50% **on or before May 23, 2024;**
3. If paid by credit card; ***It is your responsibility to contact us to make your payment no later than May 23, 2024, between 8 a.m. and 4 p.m..***

5. REIMBURSEMENT TERMS AND CONDITIONS:

Prior May 23: refund in full, less a \$30 cancellation fee.

After May 23: No reimbursement except on presentation of a medical report or in case of relocation. If the registered person moves out of the municipality before the end of the day camp, proof will be required, and the refund will be in proportion to the days in which the child participated.

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

Name of parent or guardian

Name of parent or guardian

Signature of parent or guardian

Signature of parent or guardian

Date:

Date: