

Municipality of Pontiac Day Camp

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 :	
Age on September 30 :	
What school year will your child be attending during 2019-2020 :	

2. Parents or guardian :

Father's name :	
Address :	
Telephone :	(Res.)
	(Office)
	(Cell.)
E-mail :	

Mother's name :		
Address :		
Telephone :	(Reés.)	
	(Office)	
	(Cell.)	
E-mail :		
<b>CHILD'S CAREGIVER :</b>	<input type="checkbox"/> Father and mother <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Shared <input type="checkbox"/> Other : _____	
<b>For income tax return purposes (RL-24 slip)</b>  Name of the paying parent :	<b>NAME :</b>	<b>S.I.N. :</b>

**3. Choice of weeks (please tick) :**

Week 1 : 25 - 28th June		Week 5 : 22-26th July	
Week 2 : 1 - 5th July		Week 6 : 29 July- 2th August	
Week 3 : 8- 12th July		Week 7 : 5- 9th August	
Week 4 : 15 - 19th July		Week 8 : 12- 16th August	

The day camp is open Monday through Friday between 7 am and 5:30 pm (activities schedule 9am to 4 pm). The day camp will however be closed on Tuesday, June 24<sup>th</sup> and Monday, July 1<sup>st</sup>.

#### **4. Payment method :**

Day camp registration fees are \$125 per week.

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 \$20 is applicable on any NSF cheques.

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

- 1 payment dated on the day of registration;
- A maximum of 3 post-dated cheques dated as follows: May 12<sup>th</sup>, May 26<sup>th</sup> and June 9<sup>th</sup>.

#### **5. Terms of reimbursement :**

Before May 27<sup>th</sup> : total reimbursement of registration fees, minus a cancellation fee of \$30.

After May 27<sup>th</sup> : 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.

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**Name of parent or guardian**

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**Signature of parent or guardian**

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**Date**