



# FRANCOPHONE SUMMER CAMP

## SUMMER 2013



### Rallying point

CENTRE SCOLAIRE ET COMMUNAUTAIRE DES GRANDS-VENTS

65 Ridge Road– 111 Room

### Schedule

	Full day	AM	PM
<b>Arrival (drop-off time)</b>	8 :15 – 8:30 AM	8:15 – 8:30 AM	1:00 – 1:15 PM
<b>Departure (pick-up time)</b>	4:30 – 4:45 PM	11:45 – 12:00 PM	4:30 – 4:45 PM

We ask that you respect arrival and departure times – according to your child’s schedule. Late departures will result as an extra billing for parents: 5\$ for every extra 15 minutes. Please note that only parents can pick-up their child unless other arrangements have been made.

### In case of an emergency

If your child is sick and unable attend the summer camp, we ask that you notify us by calling 709-722-7669

### Clothing

Clothing should be appropriate for both indoor and outdoor activities. It is required that your child always brings sunscreen, rain clothes and a hat or a cap to protect from the sun, due to changing weather; their belongings must be identified.

### Food

Your child must bring a box-lunch and snacks (see table below). There will be access to a refrigerator and a microwave for your child’s lunch. Please do not include any food which contains nuts or peanuts.

	Full day	AM	PM
<b>Lunch provided by the parents</b>	yes	no	no
<b>Snack(s) provided by the parents</b>	2	1	1

### Camp monitors

Camp monitor / child ratio is 7:1. All our camp monitors are certified in first aid/CPR and also possess a Certificate of Good Conduct.

# Francophone summer camp – Registration form

PLEASE RETURN THIS FORM WITH YOUR CHEQUE MADE TO THE :

**FPFTNL**

65 RIDGE ROAD-ST.JOHN'S (NL) A1B 4P5

Child's Name : \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Health insurance number (MCP): \_\_\_\_\_

Mother's name : \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (H) : \_\_\_\_\_ (work) : \_\_\_\_\_ (cell) : \_\_\_\_\_

Father's name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (H) : \_\_\_\_\_ (work) : \_\_\_\_\_ (cell) : \_\_\_\_\_

Persons to contact in an emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone (H) : \_\_\_\_\_ (work) : \_\_\_\_\_ (cell) : \_\_\_\_\_

Persons authorized to pick-up the child:

\_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

Does your child have any illnesses, conditions, or special needs which we should know about?

Ex. asthma, diabetes Please note that no medication will be administered by the educators.

Does your child take a nap? Please specify. AM  PM

Does your child speak French or English? French  English  French and English  Other language

## Consent for emergency care and transportation

If due to such circumstances as injury or sudden illness, medical treatment is necessary, I authorize the child care service provider to take whatever emergency measures s/he deems necessary for the protection of this child while in her/his care. I understand that this may involve calling a physician, interpreting and carrying out his or her instructions, and transporting my child to a hospital, including the possible use of an ambulance. I understand that this may be done prior to contacting me, and that any expenses incurred for such treatment, including ambulance fees, is my responsibility.

Parent's signature: \_\_\_\_\_ Date: \_2013\_\_\_\_/\_\_\_\_/\_\_\_\_

## Photo Authorization

Your child might be photographed during the summer camp activities. The FPFTNL may wish to include a photo of your child in its magazine, « L'Élan des parents ».

I give permission to the FPFTNL to include a photo of my child in its publications for educational purposes.

I do not give permission to the FPFTNL to reproduce any photo of my child.

Parent's signature: \_\_\_\_\_ Date: \_2013\_\_\_\_/\_\_\_\_/\_\_\_\_

This project is made possible thanks to the financial contribution SERVICE CANADA, CANADA SUMMER JOBS -2013



2013- TERRE-NEUVE-ET-LABRADOR-FPFTNL

June 2013					Circle dates	Total
Monday	Tuesday	Wednesday	Thursday	Friday	For AM ou PM, please indicate AM or PM by the calendar	By week
		26 1 <sup>st</sup> day summer camp	27	28	<input type="checkbox"/> Week – 4 days - 120.\$ <b>3 days or less</b> <input type="checkbox"/> Individual day day 45\$ <input type="checkbox"/> Half-day AM 25\$ <input type="checkbox"/> Half-day PM 25\$	
July 2013					Circle dates	Total
Monday	Tuesday	By week	Thursday	Friday	For AM ou PM, please indicate AM or PM by the calendar	By week
1 Canada Day * (closed)	2	3	4	5	<input type="checkbox"/> Week – 4 days - 120.\$ <b>3 days or less</b> <input type="checkbox"/> Individual day day 45\$ <input type="checkbox"/> Half-day AM 25\$ <input type="checkbox"/> Half-day PM 25\$	
8	9	10	11	12	<input type="checkbox"/> Full Week – 5 days - 150.\$ <input type="checkbox"/> Week – 4 days - 120.\$ <b>3 days or less</b> <input type="checkbox"/> Individual day 45\$ <input type="checkbox"/> Half-day AM 25\$ <input type="checkbox"/> Half-day PM 25\$	
15	16	17	18	19	<input type="checkbox"/> Full Week – 5 days - 150.\$ <input type="checkbox"/> Week – 4 days - 120.\$ <b>3 days or less</b> <input type="checkbox"/> Individual day 45\$ <input type="checkbox"/> Half-day AM 25\$ <input type="checkbox"/> Half-day PM 25\$	
22	23	24	25	26	<input type="checkbox"/> Full Week – 5 days - 150.\$ <input type="checkbox"/> Week – 4 days - 120.\$ <b>3 days or less</b> <input type="checkbox"/> Individual day 45\$ <input type="checkbox"/> Half-day AM 25\$ <input type="checkbox"/> Half-day PM 25\$	
July / August 2013					Circle dates	Total
Monday	Tuesday	By week	Thursday	Friday	For AM ou PM, please indicate AM or PM by the calendar	By week
29	30	31	1 August	2	<input type="checkbox"/> Week – 4 days - 120.\$ <b>3 days or less</b> <input type="checkbox"/> Individual day day 45\$ <input type="checkbox"/> Half-day AM 25\$ <input type="checkbox"/> Half-day PM 25\$	
5	6	7	8	9	<input type="checkbox"/> Full Week – 5 days - 150.\$ <input type="checkbox"/> Week – 4 days - 120.\$ <b>3 days or less</b> <input type="checkbox"/> Individual day 45\$ <input type="checkbox"/> Half-day AM 25\$ <input type="checkbox"/> Half-day PM 25\$	
12	13	14	15	16	<input type="checkbox"/> Full Week – 5 days - 150.\$ <input type="checkbox"/> Week – 4 days - 120.\$ <b>3 days or less</b> <input type="checkbox"/> Individual day 45\$ <input type="checkbox"/> Half-day AM 25\$	

					<input type="checkbox"/> Half-day PM	25\$	
19	20	21	22	23	<input type="checkbox"/> Full Week – 5 days - <input type="checkbox"/> Week – 4 days -	150.\$ 120.\$	
					<b>3 days or less</b> <input type="checkbox"/> Individual day <input type="checkbox"/> Half-day AM 25\$ <input type="checkbox"/> Half-day PM	45\$ 25\$ 25\$	
26	27	28	29	30 Last day summer camp	<input type="checkbox"/> Full Week – 5 days - <input type="checkbox"/> Week – 4 days -	150.\$ 120.\$	
					<b>3 days or less</b> <input type="checkbox"/> Individual day <input type="checkbox"/> Half-day AM <input type="checkbox"/> Half-day PM	45\$ 25\$ 25\$	

**Total**

Check # Receipt#	Cash	1 <sup>er</sup> versement	25% must be paid when remitting the registration form	
				Balance
Check # Receipt#	Cash	2 <sup>e</sup> versement	25% must be paid on the first week of service to the child	
				Balance
Check # Receipt#	Cash	3 <sup>e</sup> versement	50 % must be paid no later than two weeks before the end of the service provide to the child	
				Balance



Fédération des **parents** francophones de Terre-Neuve et du Labrador  
 65 chemin Ridge – bureau 250 - St-Jean (NL) - A1B 4P5  
 Téléphone : 729-722-7669  
 Télécopieur : 709-722-7696  
 Ligne sans frais : 1-888-749-7669  
 Courriel : [dg@fpftnl.ca](mailto:dg@fpftnl.ca)  
 Site web : [www.fpftnl.ca](http://www.fpftnl.ca)

**RECEIPT FOR FRANCOPHONE SUMMER CAMP, 2013**

Amount : \_\_\_\_\_ . \_\_\_\_\_ \$

Amount \_\_\_\_\_ . \_\_\_\_\_ \$

Ms, M. \_\_\_\_\_

Full address :  
 \_\_\_\_\_  
 \_\_\_\_\_

Full name of the child : \_\_\_\_\_

**OFFICIAL RECEIPT ISSUED AT THE END OF THE SERVICE – USE ONLY THE FPFTNL**