

Francophone summer camp – Informations

Rallying point

Drop-off and pick-up location : Centre Scolaire et Communautaire des Grands-vents 65 Ridge road – pre-school room

Schedule

	Full day	AM	PM
Arrival (drop-off time)	8 :15 – 8:30 AM	8:15 – 8:30 AM	1:00 – 1:15 PM
Departure (pick-up time)	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
Lunch provided by the parents	yes	no	no
Snack(s) provided by the parents	2	1	1

Camp monitors

Camp monitor / child ratio is 4:1. 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 « Fédération des parents francophones de Terre-Neuve et du Labrador » at our office (65 Ridge road – office 250)

Please, do not mail this form (Canada Post may be on strike)

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 authorised 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

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 : ____/____/____

Photo Autorisation

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 : ____/____/____

Reminder : priority will be given to children who are registered full-time during 8 weeks.

July 2011					
Monday	Tuesday	Wednesday	Thursday	Friday	
4	5	6	7	8	<input type="checkbox"/> Full week <input type="checkbox"/> Week - 5 half-days AM <input type="checkbox"/> Week - 5 half-days PM <input type="checkbox"/> Individual days (please mark them)
11	12	13	14	15	<input type="checkbox"/> Full week <input type="checkbox"/> Week - 5 half-days AM <input type="checkbox"/> Week - 5 half-days PM <input type="checkbox"/> Individual days (please mark them)
18	19	20	21	22	<input type="checkbox"/> Full week <input type="checkbox"/> Week - 5 half-days AM <input type="checkbox"/> Week - 5 half-days PM <input type="checkbox"/> Individual days (please mark them)
25	26	27	28	29	<input type="checkbox"/> Full week <input type="checkbox"/> Week - 5 half-days AM <input type="checkbox"/> Week - 5 half-days PM <input type="checkbox"/> Individual days (please mark them)

August 2011					
Monday	Tuesday	Wednesday	Thursday	Friday	
1	2	3 Regatta *	4	5	<input type="checkbox"/> Full week <input type="checkbox"/> Week - 5 half-days AM <input type="checkbox"/> Week - 5 half-days PM <input type="checkbox"/> Individual days (please mark them)
8	9	10	11	12	<input type="checkbox"/> Full week <input type="checkbox"/> Week - 5 half-days AM <input type="checkbox"/> Week - 5 half-days PM <input type="checkbox"/> Individual days (please mark them)
15	16	17	18	19	<input type="checkbox"/> Full week <input type="checkbox"/> Week - 5 half-days AM <input type="checkbox"/> Week - 5 half-days PM <input type="checkbox"/> Individual days (please mark them)
22	23	24	25	26	<input type="checkbox"/> Full week <input type="checkbox"/> Week - 5 half-days AM <input type="checkbox"/> Week - 5 half-days PM <input type="checkbox"/> Individual days (please mark them)

* Please note that on August 3rd, Regatta day, summer camp will be closed and that day will not be charged.
This date is fixed and won't change in case of bad weather.

Number		TOTAL
___ full week(s)	X 150\$	
___ week(s) - 5 half-days	X 100\$	
___ Individual days	X 40\$	
1rst week of August (Regatta)	- 20\$ half-day - 25\$ full day	

Grand Total		
1 st payment	25% payed at registration	
2 nd payment	25% payed no later than July 18 th	
3 rd payment	50 % payed no later than August 1 ^{rst}	