

LOCATION/DATE

Cormier-Village

() 24 - 28 June

Haute-Aboujagane

() 2 - 5 July (4 days)

Grand-Barachois

() 8 - 12 July

Grand-Barachois

() 15 - 19 July

Grand-Barachois

() 22 - 26 July

Grand-Barachois

() 29 July - 2 August

Shemogue

() 6 - 9 August (4 days)

Saint-André-LeBlanc

() 12 - 15 August

PRICES

Residents of Beaubassin-est: \$100 for a week of 5 days and \$90 for a week of 4 days.

Non-residents: \$125 for a week of 5 days and \$110 for a week of 4 days.

IMPORTANT NOTES

- Registration fees are not refundable.
- Method of Payment: A deposit of \$20/child/camp and a post-dated check for the balance must be given at registration or by cash.
- The time of entry to the camp will be at **8:30 am** and the departure will be at **4:30 pm**.
- The camp activities schedule varies by location.
- A discount of \$ 5 / child will be offered if you register 3 or more of your children.

For staff use only:

Reçu au nom de: _____

Coût total: _____ \$

Dépôt: _____ \$

Balance: _____ \$

Paiement: ___ Chèque
 ___ Argent

REGISTRATION

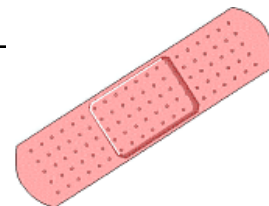
Name of the child: _____
(First name) (Last name)

Address: _____
(Address) (City) (Province) (Postal Code)

Date of birth: _____ Age: _____ Gender: F ___ M ___
(mm/dd/yyyy)

Telephone: _____ Email: _____
(parent)

Language of preference: _____



CONTACT IN CASE OF EMERGENCY

Name of the mother: _____ Name of the father: _____

The name and telephone number of the person to contact in case of emergency:

Name: _____ Home phone number: _____

Work phone number: _____ Cell phone number: _____

Name of the family doctor: _____ Tel.: _____

Health insurance number: _____ Expiration date: _____

(CONTINUE ON THE OTHER SIDE)

Place the names of people who have the right to pick up your children at the end of the day:

Does the child have allergies? If so, please specify.

Specify the diseases he / she has already suffered? (example : asthma, etc.)

Does your child take medications? Yes ____ No ____ If so, enter the name, dosage and time of administration. You must bring the medicine into the original container.

Should we be aware of some things that might make your child's stay more enjoyable? Does he receive help from a specialist on a regular or daily basis at school?

***** READ CAREFULLY *****

I allow my child _____ (in molded letters) to participate in the day camp organized by the Beaubassin-est Rural Community. Also, I authorize my child to participate in all the activities that will take place during his stay with you. I authorize that security measure will take place by the camp coordinators in case of emergency to ensure the well-being of the child. If needed, I authorize all medical treatments deemed necessary. I also authorize camp staff to administer the above medications.

In case of emergency, I authorize camp staff to transport the camper named on this sheet to an emergency center / hospital for treatment. I accept that the necessary care is given to my child by the hospital staff. In addition, I understand that ambulance fees will be charged to my name in the event of an accident. I understand that photos taken at the camp will be used for advertising purposes. Only the administration of the Beaubassin-est Rural Community will have the right to use these photos.

Signature of parent / guardian: _____ Date : _____

FOR MORE INFORMATION PLEASE CONTACT US AT: 532-0730