

REGISTRATION FORM



CHILD INFORMATION

Last name: _____ First name: _____

Sex : Mas Fem Âge : _____ Date of birth: ___/___/___ (jj/mm/aaaa)

School: _____

Health card _____ Medical information _____

PARENT INFO

Mother: _____ Work phone: _____

Father: _____ Work phone: _____

Residence phone: _____ Email: _____

Address: _____ Postal code: _____

CONTACT PERSON (Emergency and pick-up)

Name: _____ Phone: _____

HOW DID YOU HEAR ABOUT THE CAMP?

School Library Newspaper (Pls, specify) _____

Word of mouth Others (Pls, specify): _____

LOCATION: French Immersion Camp

Sector: Woodroffe / Iris

COST

French Immersion camp : \$145 / week /child

CHOOSE YOUR WEEK(S)

25-29 June 2-6 July 9-13 July 16-20 July 23-27 July 30 July-3 august 7-10 august

FAMILY REBATE (check if applicable) \$10 rebate per week per additional child

METHOD OF PAYMENT (Check)

Cheque : mail the registration form with your cheque
(Pls make cheque payable to Centre communautaire Franc Ouest)

Cash : come to our office between 9am and 4pm
(Pls, call our office at 613-722-1819 before coming)

PAYMENT

- * Full payment required at registration
- * Postdated cheques accepted on demand
- * Credit and debit cards - not accepted
- * 25\$ fees for NSF cheques

RENONCIATION

I, for myself and on behalf of my heirs, voluntarily renounce my rights to any claims, including compensation against the Centre communautaire Franc-Ouest, its agents and its representatives, following unforeseen circumstances or accidents connected to the activities of the Community Center Franc-Ouest.

Parent name/ Tutor : _____

Parent/ Tutor signature : _____ Date : _____ (jj/mm/yy)

Mail the inscription and payment to : Camp d'été Franc-Ouest 2007
Centre communautaire Franc-Ouest, 1119, rue Lazard, Suite 106, Ottawa (Ontario) K2C 2R5