



YLC Summer Camp
 Camp Registration Form 2017
 (T) 514-648-6421 (F) 514-648-6404



Registration May 17 or May 31 - 7:30-9:00pm - DBYLC 2nd Floor

11991 Pierre Baillargeon (Centre Salésien des Jeunes) Montreal, Quebec H1E 2E5 ylcanna@hotmail.com

**** Late Registration - by appointment only - Add 50\$ late fee to your total camp registration ****

Camper 1: _____	Age: _____	Grade: _____	School: _____
Camper 2: _____	Age: _____	Grade: _____	School: _____
Camper 3: _____	Age: _____	Grade: _____	School: _____

Parent Information

Mother's Name: _____	Fill in if parents have → a different address	Father's Name _____
Home #: _____		Home #: _____
Cell #: _____		Cell #: _____
Work #: _____ ext: _____		Work #: _____ ext: _____
Address: _____		Address: _____
Postal Code: _____		Postal Code: _____
Are you a Resident of R.D.P.? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a Resident of R.D.P.? Yes <input type="checkbox"/> No <input type="checkbox"/>

Are Parents divorced? Yes No If yes, please specify any custody particulars we have to be made aware of

	<u>Relation</u>	<u>Name</u>
Who usually Picks up the child(ren):	1st Choice: _____	_____
	2nd Choice: _____	_____
	3rd Choice: _____	_____
	4th Choice: _____	_____

Emergency Contact Person:	<u>Relation</u>	<u>Name</u>
Home #: _____		
Cell #: _____		
Other #: _____		
Only fill in if you have more than 1 emergency contact person		
	** Other emergency contact: _____	
	Relation: _____	Name: _____
	Phone # _____	

Camper 1	Smiley Bunch (pre-k & k-camp) <input type="checkbox"/> Happy Days (grade 1-6) <input type="checkbox"/> Happy Days Teens (sec 1-2) <input type="checkbox"/> A.I.T. Program (sec 3-4) <input type="checkbox"/>		
First Name:		Last Name:	
Date of Birth: _____month_____day_____year		Medicare #:	Expiration:
Does your child have any allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, specify:	
Is your child afraid of the water?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:	
Does your child know how to swim?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:	
My child understands basic water rules?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:	
Is your child shy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:	
Does your child often use foul language?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:	
Is your child a picky eater?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:	
Does your child listen/follow rules well?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:	
Does your child have any <u>medical condition(s), take any prescription medication(s), have any special needs, physical/social difficulties or is "active" in school?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please specify: _____			
Camper 2	Smiley Bunch (pre-k & k-camp) <input type="checkbox"/> Happy Days (grade 1-6) <input type="checkbox"/> Happy Days Teens (sec 1-2) <input type="checkbox"/> A.I.T. Program (sec 3-4) <input type="checkbox"/>		
First Name:		Last Name:	
Date of Birth: _____month_____day_____year		Medicare #:	Expiration:
Does your child have any allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, specify:	
Is your child afraid of the water?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:	
Does your child know how to swim?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:	
My child understands basic water rules?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:	
Is your child shy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:	
Does your child often use foul language?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:	
Is your child a picky eater?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:	
Does your child listen/follow rules well?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:	
Does your child have any <u>medical condition(s), take any prescription medication(s), have any special needs, physical/social difficulties or is "active" in school?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please specify: _____			



Camper 1

Place Photo Here



Camper 2

Place Photo Here



Camper 3

Place Photo Here

Camper 3		Smiley Bunch (pre-k & k-camp) <input type="checkbox"/> Happy Days (grade 1-6) <input type="checkbox"/> Happy Days Teens (sec 1-2) <input type="checkbox"/> A.I.T. Program (sec 3-4) <input type="checkbox"/>	
First Name:		Last Name:	
Date of Birth: _____ month _____ day _____ year		Medicare #:	Expiration:
Does your child have any allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, specify:	
Is your child afraid of the water?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:	
Does your child know how to swim?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:	
My child understands basic water rules?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:	
Is your child shy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:	
Does your child often use foul language?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:	
Is your child a picky eater?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:	
Does your child listen/follow rules well?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:	
Does your child have any <u>medical condition(s), take any prescription medication(s), have any special needs, physical/social difficulties or is "active" in school?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please specify: _____			

Consents to any first aid procedures or decisions made by camp staff. I understand that the organizations DBYLC and Centre Action Viva (Smiley Bunch K-camp) are not responsible for any accidents or personal injury and are exempt of any liabilities that may occur during the camp season. We are also not responsible for any damaged, lost or stolen items. **Refunds:** Before camp starts, any changes made to your registration results in a 50\$ processing fee. During your first week of camp any changes made results in 1/2 your registration fee. After your first week of camp, **NO REFUNDS** are made. All information is subject to change. You will receive a general receipt for services rendered at registration that can be used for income tax purposes. Duplicate receipts result in a 5\$ processing fee (the money will go to the YLC's youth programming.) Thank you for joining our YLC camp family!!

Parent/Guardian Signature: _____

★★ Can you sponsor, donate goods or equipment for summer camp or the YLC? ★★

★★ Income tax receipts available. Please contact Theo at ylctheo@hotmail.com ★★

Note: Camp staff will complete this section!! Thank You!!

Please check off week(s) registering for <input checked="" type="checkbox"/>	
<u>*Week 1</u> - June 28 - 30*	
<u>Week 2</u> - July 3 - 7	
<u>Week 3</u> - July 10 - 14	
<u>Week 4</u> - July 17 - 21	
<u>Week 5</u> - July 24 - 28	
<u>Week 6</u> - July 31 - August 4	
<u>Week 7</u> - August 7 - 11	
* <u>Week 1</u> = 3 days of summer camp*	

Day Care Hours		
	AM	PM
Camper 1:		
Camper 2:		
Camper 3:		
Day care hours need to be specified as close as possible to drop off and pick up times in order for us to ensure proper ratio numbers within day care hours.		

T-Shirt Size (for those who need to purchase 5\$)	
Camper 1:	
Camper 2:	
Camper 3:	

Total Camp Registration fee:		\$	Total Camp Registration & Daycare Fee	\$
Total Daycare fee:		\$		

Staff Name: _____
(Please print)