



YLC Summer Camp  
 Camp Registration Form 2018  
 (T) 514-648-6421 (F) 514-648-6404



**Registration May 16 or May 30 - 7:30-9:00pm - DBYLC 2nd Floor**

11991 Pierre Baillargeon (Centre Salésien des Jeunes) Montreal, Quebec H1E 2E5 [ylcanna@hotmail.com](mailto: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: _____ |
| <i>Grade Completed in June 2018</i> |            |              |               |

**Parent Information**

|                             |                                                                                        |
|-----------------------------|----------------------------------------------------------------------------------------|
| <b>Mother's Name:</b> _____ | Home Address: _____                                                                    |
| Cell #: _____ Home #: _____ | City: _____                                                                            |
| Work #: _____ ext: _____    | Postal Code: _____                                                                     |
| Email: _____                | Are you a Resident of R.D.P.? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Father's Name:</b> _____ | If no Specify: _____                                                                   |
| Cell #: _____ Home #: _____ | <b>Father's Address ONLY if DIFFERENT from mother</b>                                  |
| Work #: _____ ext: _____    | Home Address: _____                                                                    |
| Email: _____                | Postal Code: _____ City: _____                                                         |

Are Parents divorced? Yes  No

If yes, please specify any custody particulars we have to be made aware of: \_\_\_\_\_

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

|                                                          |                                                                          |                               |
|----------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------|
| <b>Emergency Contact Person:</b><br>(other than parents) | <b><u>Name:</u></b> _____                                                | <b><u>Relation:</u></b> _____ |
| Home #: _____                                            | <b>**Only fill in if you have more than 1 emergency contact person**</b> |                               |
| Cell #: _____                                            | ** Other emergency contact: _____                                        |                               |
| Other #: _____                                           | Relation: _____                                                          | Name: _____                   |
|                                                          | Phone # _____                                                            |                               |

|                                                                                                                                                                                                                                           |                                                                                                                                                                                                              |                  |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------|
| <b><u>Camper 1</u></b>                                                                                                                                                                                                                    | 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:        |             |
| <b>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"/></b> |                                                                                                                                                                                                              |                  |             |
| If yes, please specify: _____                                                                                                                                                                                                             |                                                                                                                                                                                                              |                  |             |
|                                                                                                                                                                                                                                           |                                                                                                                                                                                                              |                  |             |
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|                                                                                                                                                                                                                                           |                                                                                                                                                                                                              |                  |             |
| <b><u>Camper 2</u></b>                                                                                                                                                                                                                    | 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:        |             |
| <b>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"/></b> |                                                                                                                                                                                                              |                  |             |
| If yes, please specify: _____                                                                                                                                                                                                             |                                                                                                                                                                                                              |                  |             |
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|                                                                                                                                                                                                                                           |                                                                                                                                                                                                              |                  |             |



# Camper 1

## Place Photo Here



# Camper 2

## Place Photo Here



# Camper 3

## Place Photo Here

|                                                                                                                                                                                                                                           |                                                          |                                                                                                                                                                                                              |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>Camper 3</b>                                                                                                                                                                                                                           |                                                          | 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 <b><u>medical condition(s), take any prescription medication(s), have any special needs, physical/social difficulties or is "active" in school?</u></b> 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>Welcome Week 1</u> - June 27 - 29*                                      |  |
| * <u>Welcome Week</u> = 3 days of camp*                                      |  |
| <u>Week 1</u> - July - 6                                                     |  |
| <u>Week 2</u> - July 9 - 13                                                  |  |
| <u>Week 3</u> - July 16 - 20                                                 |  |
| <u>Week 4</u> - July 23 - 27                                                 |  |
| <u>Week 5</u> - July 30 - August 3                                           |  |
| <u>Week 6</u> - August 6 - 10                                                |  |

| Day Care Hours                                                                                                                                                                |    |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|
|                                                                                                                                                                               | AM | PM |
| Camper 1:                                                                                                                                                                     |    |    |
| Camper 2:                                                                                                                                                                     |    |    |
| Camper 3:                                                                                                                                                                     |    |    |
| <p><b>Day care hours need to be indicated as closely as possible to drop off and pick up times in order for us to ensure proper ratio numbers with in day care hours.</b></p> |    |    |

|                                                |    |
|------------------------------------------------|----|
| Total Camp Registration fee:                   | \$ |
| Total Daycare fee:                             | \$ |
| Total<br>Camp Registration<br>& Daycare<br>Fee | \$ |

Staff Name: \_\_\_\_\_

(Please print)