



# CAMP ALLEGRIA 2017



## Child's information

First name:

Family name:

Address:

City:

Apt:

Postal Code:

Date of birth:

Current grade:

Medicare Card Number:

**T-shirt size:** Junior small  Junior medium  Junior large   
Adult small  Adult medium  Adult Large

## Allergies and/or health concerns:

### Mother's information

Mother's first name:

Last name:

Email:

House number:

Work number:

Cell phone number:

### Father's information

Father's first name:

Last name:

Email:

House number:

Work number:

Cell phone number:

### Person to contact in case of emergency:

First name:

Last name:

House number:

Work number:

Cell phone number:

### Person who will pick up the child:

First name:

Last name:

House number:

Work number:

Cell phone number:

Name of person who the Relevé 24 will be under: \_\_\_\_\_

S.I.N.: \_\_\_\_\_

**WEEKS SELECTED:**

<u>Week 1:</u> With outing <input type="checkbox"/> Without outing <input type="checkbox"/>	<u>Week 5:</u> With outing <input type="checkbox"/> Without outing <input type="checkbox"/>
<u>Week 2:</u> With outing <input type="checkbox"/> Without outing <input type="checkbox"/>	<u>Week 6:</u> With outing <input type="checkbox"/> Without outing <input type="checkbox"/>
<u>Week 3:</u> With outing <input type="checkbox"/> Without outing <input type="checkbox"/>	<u>Week 7:</u> With outing <input type="checkbox"/> Without outing <input type="checkbox"/>
<u>Week 4:</u> With outing <input type="checkbox"/> Without outing <input type="checkbox"/>	<u>Week 8:</u> With outing <input type="checkbox"/> Without outing <input type="checkbox"/>

Weeks: \_\_\_\_\_

**Daycare:**

**Morning**

**Evening**

**Both**

**Number of Installments:**

**1**

**50% of total amount**

**2**

**3**

**\*Please note: If you pay in 2 or 3 installments, the 1<sup>st</sup> payment is always 50% of the total amount. The 2<sup>nd</sup> installment will be taken one month before the first day of camp and the 3<sup>rd</sup> installment on the first day. \***

**Credit Card Information:**

Visa or MasterCard:

Credit card number:

Expiration: