CPF Moncton Summer French Immersion Day Camp
REGISTRATION FORM

Child's Name_____ Age _____ Medicare #_____
Address _____ Swimming level_____
Family Physician _____ Allergies_____
Medical conditions_____
Daily medications_____
Parent(s) Name _____ Phone (h) _____ (w)_____
_____Phone (h) _____ (w)_____
E-mail_____
Emergency name & phone # (if parent not available) _____
Will there be anyone else picking up your child? Name_____
Will you require late pick-up? (later than 2:30pm)_____(we will contact you with details)

Please check week(s) desired

	July 3-7		July 24-28		Aug 14-18
	July 10-14		July 31-Aug 4		Aug 21-25
	July 17-21		Aug 7-11		Aug 28-Sept 1

Attendance
We request that you sign your child in and out of the program daily in addition to notifying a counselor of your child's arrival and departure. If your child is absent for any reason, please inform us at 387-3909**.** To protect the health of all children, please let CPF know immediately if your child is away due to illness or has a communicable disease.

Medications
Medication, either non-prescribed or prescribed by your physician, will be administered to your child if it is given to the counselor in the original container and if you, the parent, sign the necessary Medical Authorization Form. The CPF counselor cannot administer a dosage which is higher or more frequent than the dosage recommended on the label of the medication. If the dosage information specifies *"Under x age : As directed by a physician"*, a note from your physician indicating child's name, type of medicine, reason for administering, dosage, and frequency will be required.

Photo release
"If you would like to place conditions on your child's photos or have your child removed from groups where photos are taken, please sign here; _____

Notice of Withdrawal
We ask that a two-week written notice be given prior to withdrawing your child from camp. If sufficient notice is not given, payment for the corresponding period is required. If CPF is able to fill the space prior to the end of the notice period, the parent will have the choice to withdraw earlier with no financial penalty.

Cost
Camp fees are $75 for non-members, and $50 for CPF members. A one-year membership is $25. Membership application forms will be on hand during registration.

Note: A $25.00 fee will be charged on all dishonored cheques.

Parental Consent
I have read and understand the terms as described above, and I give permission for _____ to participate in all camp activities. I hereby release CPF, its officers, employees and contracted staff connected with CPF camps from all liability for damage resulting from the participation of my child or ward in CPF camps. Signature of parent/guardian_____
Date _____