

# Anakkara Summer Camp with Académie de Musique NDG 2019

EA&AMNDG : designed by Entreprise Anakkara et Académie de musique NDG - Registration form
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CONFIDENTIAL CLAUSE	N° Client :
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SECTION 1- CHILD'S INFORMATION
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Last Name:	First Name:	Sex : F <input type="checkbox"/> M <input type="checkbox"/>
Birth Date:	Health insurance number:	
Year/month/day	Expiration date :	

SECTION 2 - PARENTS / GAURDIANS INFORMATION
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Last Name:	First Name:	Birth date:
		Year/month/day
Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/>	Address :	
Family situation : Married <input type="checkbox"/>	<input type="checkbox"/> Address of child's residence	
Separated <input type="checkbox"/>		
Telephone Residence :	Telephone Work :	Email:

Last Name:	First Name:	Birth date:
		Year/month/day
Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/>	Address:	
Family situation : Married <input type="checkbox"/>	<input type="checkbox"/> Address of child's residence	
Separated <input type="checkbox"/>		
Telephone Residence :	Telephone Work :	Email:

SECTION 3 - SPECIAL AUTHORIZATION FOR LEAVING CAMP
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I authorize my child to leave EA&AMNDG alone on foot <input type="checkbox"/> Yes <input type="checkbox"/> No / alone by bicycle : <input type="checkbox"/> Yes <input type="checkbox"/> No		
I authorize my child to leave EA&AMNDG with :		
First name:	Last name :	
Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	Emergency telephone number:	

First name:	Last name :
Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	Emergency telephone number:

First name:	Last name :
Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	Emergency telephone number:

SECTION 4 – YOUR CHOICE OF EXTENDED CARE
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Summer Camp EA&AMNDG from 8h45 to 16h	
<input type="checkbox"/> Extended Care 8h to 8h45 (5\$ per day)	<input type="checkbox"/> Extended Care 16h to 17h30 (5\$ per day)

Choice of Session	Morning Arrival / Afternoon Departure
<input type="radio"/> 06/24 au 06/28 <input type="radio"/> 07/01 au 07/05	Indicate the approximate arrival time of your child/children
<input type="radio"/> 07/08 au 07/12 <input type="radio"/> 07/15 au 07/19	_____
<input type="radio"/> 07/22 au 07/26 <input type="radio"/> 07/29 au 08/02	Indicate the approximate departure time of your child/children
<input type="radio"/> 08/05 au 08/09 <input type="radio"/> 08/12 au 08/16	_____

SECTION 5 : FEES
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Camp Fees :	Registration Fee :
For each 2 week session : 220\$ 2nd child : 10% discount 3rd child : 15% discount * Discount applies to siblings only*	\$40 per child per year

SECTION 5 A – PAYMENT
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REMINDER: For tax purposes, a T24 form will be issued in Feb. 2019 to the name of the person who made the payment.	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque n° :                      Date : Post-dated Cheques (with dates and n°) : *Registration and camp fees must be paid to confirm your child/children's place at the camp.*
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WHEN AND HOW TO REGISTER

BY POST: Send this form along with your cheque made to : **Entreprise Anakkara** Registration is confirmed when payment is received.

REGISTRATION FORMS ARE AVAILABLE ON THE FOLLOWING WEB SITES : 

<http://anakkara-ach.com/anakkara/> under the tab: REGISTER

[www.academiedemusiquendg.com](http://www.academiedemusiquendg.com) under the tab: CAMPS MUSICAUX.

METHODS OF PAYMENT

Email transfer to the following email address: [anakkara3@gmail.com](mailto:anakkara3@gmail.com)

By cheque in the mail : Entreprise Anakkara, 2247 Ave. de Hampton, Montreal, QC H4A 2K5

CASH, make an appointment to meet in person with one of the directors.

Please be advised that a fee of \$35.00 will be charged for all NSF (non sufficient funds) cheques

REIMBURSEMENT

Registration fees will only be reimbursed under the following two circumstances:

For health reasons, such as injuries or sickness that prevent the child from participating in Camp EA&AMNDG. A medical certificate will be required.

If EA&AMNDG cancels activities.

Reimbursements are calculated under the Consumer Protection Laws.

Written notice must be sent to EA&AMNDG Directors. The amount of the reimbursement is calculated starting from the date of receiving the written notice. After reception of this notice, the reimbursement is applied to the following weeks that are not attended.

After the start of camp, 10 % of the fees are forfeited to EA&AMNDG for the canceled weeks PLUS fees for material. (if applicable)

RECOGNITION OF INHERENT RISKS INVOLVED IN THE ACTIVITIES AND REFUSAL OF THE RIGHT TO PARTICIPATE

I recognize that there are inherent risks in the activities. The camp is not responsible for any incident or inconvenience caused by the participant mentioned in this registration form.

The camp reserves the right to refuse a participant and even cancel his or her registration without reimbursement of the registration fees if information in the child's registration is inaccurate or is insufficient for the security of him/herself or the other participants.

The camp reserves the right to refuse a participant for the following reasons : non payment, repeatedly not respecting the camp guidelines, or inaccurate information about the participant.

GUIDELINES FOR EA&AMNDG SUMMER CAMP AND EXTENDED HOURS

It is the responsibility of parents or guardians to read and understand camp guidelines and inform your child. If you were not given guidelines with your registration, contact us at the following phone numbers to receive a copy:

**Philippa Woolley : 514 963-2256   Isabelle Létourneau 514 560-3796**

PHOTO AND VIDEO : I accept that my child may be in photos and videos taken at camp and that EA&AMNDG may use them in their publications.

Yes

No

I have read, understood and filled in all the sections of this form.

I have read, understood, filled in, signed and attached health form for the participant.

I recognize that to assure a safe and high quality experience for the children, Entreprise Anakkara et Académie de musique NDG needs the most complete information possible for every child.

I hereby declare that all the required information, has been provided, to permit the registration of the child  to EA&AMNDG, and that this information is complete and exact.

Parent's signature

Date

Reserved for Administration

Date of receipt of registration.

Date of payment