



The West Island Black Community Association

48C, 4th. Avenue South, Roxboro, Quebec, H8Y 2M2
Tel: (514) 683-3925 Fax:(514) 683-7649 Email: admin@wibca.org Website: www.wibca.org

W. E. B. DUBOIS SUMMER DAY CAMP REGISTRATION FORM (PLEASE PRINT)

FAMILY INFORMATION:

Surname:(child) _____ Given (s): _____ M__ F__

Address: _____
Street City Province Postal Code

Home telephone: _____

Date of Birth: _____ Age: _____
DD/MM/YYYY

School Attending: _____ Grade: _____

Parent/Guardian: _____

Surname Given Name Mr/Mrs./Ms
Address: _____
(if different) Street City Province Postal Code

Telephone No.: (W) _____ (H) _____ Cell: _____

Parent/Guardian: _____

Surname Given Name Mr/Mrs./Ms
Address: _____
(if different) Street City Province Postal Code

Telephone No.: (W) _____ (H) _____ Cell: _____

ALTERNATE EMERGENCY NUMBERS:

Name: _____ Relationship to child: _____

Home #.: _____ Work # _____ Cell #: _____

Name: _____ Relationship to child: _____

Home #.: _____ Work # _____ Cell #: _____



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MEDICAL INFORMATION:

Medicare Number: _____

Expiry Date: _____

Does your child suffer any of the following?

____ epilepsy

____ hemophilia

____ hearing problems

____ diabetes

____ hyperactivity

____ incontinence

____ allergies

____ vision troubles

____ asthma

Other, please specify: _____

IN CASE OF AN EMERGENCY, I AUTHORIZE THOSE RESPONSIBLE FOR MY CHILD'S CARE TO TAKE THE NECESSARY MEASURES TO ENSURE MY CHILD'S HEALTH.

Parent's signature

Date

AUTHORIZED TO PICK-UP CHILDREN & AUTHORIZATION TO LEAVE CAMP UNSUPERVISED:

Name: _____ Relationship to child: _____

Home #: _____ Work # _____ Cell #: _____

Name: _____ Relationship to child: _____

Home #: _____ Work # _____ Cell #: _____

I, the undersigned, _____, being the ___mother ___father ___guardian

of _____ authorize my child to leave the W.E.B. Dubois day camp alone every day, releasing the West Island Black Community Association of all responsibilities, except where indicated in writing.

Signature

Date

STAFF ARE NOT ALLOWED TO ADMINSTER PILLS/MEDICATIONS OF ANY KIND



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AUTHORIZATION FOR OUTINGS:

I hereby authorize the W.E.B. Dubois Day Camp to permit the afore mentioned child to participate in all outings and all related activities unless otherwise specified in writing.

Does your child know how to swim? YES

NO

Signature

Date

AUTHORIZATION FOR PICTURES/VIDEOS

I understand that pictures and videos will be taken and I give W.I.B.C.A. permission to use my son's/daughter's image for promotional material. Names will not be used.

Signature

Date

PAYMENT SCHEDULE:

- All **non-refundable** deposits are due at time of registration.
- Non refundable registration fee of \$25.00 per child is required.
- The balance of payment must be post-dated two (2) weeks prior to the first day of each camp week. **The post-dated payments must be submitted at time of registration.**
- Payments can be made by cheque payable to the **West Island Black Community Association.**

REFUND POLICY:

- All program deposits are non-refundable
- A refund (less the non-refundable deposits) will be granted upon receipt of a **written request** for withdrawal from the program by noon Wednesday prior to each session. No cancellations or changes will be accepted over the phone.
- Failing a written notice of withdrawal, fees are retained in full. Absence from day camp does not constitute a withdrawal from the program.
- **A fee will be charged for all returned "NSF cheques"**

I hereby declare having received the Day Camp Information and acknowledge and understand all policies and regulations within and will honor them.

Signature

Date



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| | Day Camp | Pre-Camp | Post camp |
|----------------------------------------------------|----------------------|------------------------|------------------------|
| | (8:30 –4:30) | (7:30 –8:30 am) | (16h30 – 17:30) |
| June 26 - June 29th | <input type="text"/> | | |
| July 2nd - July 6th | <input type="text"/> | | |
| July 9th - July 13th | <input type="text"/> | | |
| July 16th - July 20th | <input type="text"/> | | |
| July 23rd – July 27th | <input type="text"/> | | |
| July 30th - Aug. 3rd | <input type="text"/> | | |
| Aug. 6th - Aug. 10th | <input type="text"/> | | |
| Aug. 13th - Aug. 17th | <input type="text"/> | | |

Weekly Camp fees are as follows:

Registration fee: \$25.00 per child (non-refundable)

Register and pay before _____ cost will be: \$500.00 for 8 weeks (Save \$220.00)

Payable in 2 installments final payment due by June 1, 2018

Register after _____ and pay \$90.00 per week (reduced fee for siblings shown below)

2nd child \$80.00 per week

3rd child \$75.00 per week

Please check below if pre/post camp service is required:

Pre-Camp/Post Camp \$5.00 per day, per child

Registration forms must be accompanied by:

- Registration fees of \$25.00 per child (non-refundable)
- Postdated payments dated two (2) weeks prior to the first day of camp