

# 2010 REGISTRATION FORM – CAMP BABY POINT EN FRANÇAIS

Please select one or two sessions: August 23 to 27 \_\_\_\_\_ and/or August 30 to September 3 \_\_\_\_\_

Family Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_ Returning camper? \_\_\_\_\_

Child's Age: \_\_\_\_\_ Finished Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Level of spoken French: Beginner: \_\_\_\_\_ Intermediate: \_\_\_\_\_ Advanced: \_\_\_\_\_ Is French spoken at home? \_\_\_\_\_

School's name: \_\_\_\_\_ Board's name: \_\_\_\_\_

Medical problems, allergies: \_\_\_\_\_

Use of the childcare service: 8.15AM to 9.00AM \_\_\_\_\_ (add extra fee/wk) 4.00PM to 5.00PM \_\_\_\_\_ (add extra fee/ wk)

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email address: \_\_\_\_\_

1. Name of Parent /Guardian: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

2. Name of Parent/Guardian: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Health card # \_\_\_\_\_ Name & phone # of family doctor \_\_\_\_\_

Names of people picking up the child if different from parent or guardian name: \_\_\_\_\_

*Only existing CPF members whose memberships expire after Dec 31/2010 are exempt of the \$25 CPF membership fee. Please supply your CPF membership # \_\_\_\_\_ and the expiry date \_\_\_\_\_*

## **Parent/Guardian Release Form**

I/We understand that participation in any summer activities can result in possible injury.

I/We agree to release and indemnify Camp Baby Point En Français and its staff, Evelyne Dufau, CPF, its officers, employees and contracted staff connected with CPF camps, and the Baby Point Club from all liability for damage resulting from the participation of my child or ward in a CPF camp such as Camp Baby Point En Français.

I/We understand that the camp does not accept the responsibility for damage to, or loss of personal belongings during the camp.

I/We understand that the Camp Director has the right to terminate the registration of any camper at any time when it is deemed by the Director to be in the best interests of the child, or the camp.

I/We understand that Camp Baby Point En Français, its staff and the Baby Point Club cannot be responsible for any problems arising before 8:15 AM and after 5.00 PM.

I/We understand that there is a late pick-up fee and agree to pay the staff member(s) who stay late with my child as follows: \$10 for any part of each fifteen minute interval after 5.10 PM will be charged at the time of pickup.

I/We understand that our Registration Form will be shared with Canadian Parents for French (CPF) to process the membership. I/We understand that the personal information collected on this form is for the purpose of forwarding various newsletter and other mailings related to FSL matters as well as fundraising materials. Occasionally, the CPF membership list may be made available to other groups/agencies to offer members special benefit or education-related information. Use of the list will be carefully regulated and only permitted under a contract specifying confidentiality and one-time authorization. If you do NOT wish to receive mailing other than directly from CPF, please check here:

I/We understand and authorize our child to travel by TTC under the care of the camp staff for the full-day outing.

I/We have read all the above information on this Registration Form and agree to abide by the conditions outlined.

**Photography release form:** Some portions of the day's event may be videotaped or photographed by the camp. The camper's name may also be released to the local media and could be published in a newspaper or another print publication. Parent/Guardian please check the box if neither our camp nor CPF are permitted to photograph, videotape or release the name of this student: **MAY NOT** be photographed or published

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Cheques enclosed:**

*Payable to Experience Authentique:* 100% camp fee by April 30 OR deposit + balance and after-hours fee, postdated to July 1 \_\_\_\_\_

*Payable to Canadian Parents for French:* \$25 for CPF membership postdated to August 1 \_\_\_\_\_

Please indicate the name of potential friends of your child that are registered in the camp. If possible we will group them together.

**MAIL this Registration Form + cheques, issued to Experience Authentique and Canadian Parents for French**  
**Mailing address: Evelyne Dufau, Expérience Authentique, 66 Baby Point Crescent, Toronto, ON M6S 2C1**