





© DAY CAMP 2016 REGISTRATION - one form per child

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FIRST NAME DD MM YYYY DATE OF BIRTH 2. REGISTRATION OF CHILD YOUNG COLLECTORS AGE 5-7	LAST NAME IF YOUR CHILD HAS A IN THE SPACE BELOV	TECHNO GEEKS A AGE 5-7 AGE 8-10 LANGUAGE SPOKEN AT	ND FASHION	AGE /IDE DETAILS
DD MM YYYY DATE OF BIRTH 2. REGISTRATION OF CHILD YOUNG COLLECTORS AGE 5-7	IF YOUR CHILD HAS A	TECHNO GEEKS A AGE 5-7 AGE 8-10 LANGUAGE SPOKEN AT	ND FASHION	
DATE OF BIRTH 2. REGISTRATION OF CHILD YOUNG COLLECTORS AGE 5-7		TECHNO GEEKS A AGE 5-7 AGE 8-10 LANGUAGE SPOKEN AT	ND FASHION THOME:	/IDE DETAILS
YOUNG COLLECTORS AGE 5-7		AGE 5-7 AGE 8-10 LANGUAGE SPOKEN AT	ГНОМЕ:	
AGE 5-7		AGE 5-7 AGE 8-10 LANGUAGE SPOKEN AT	ГНОМЕ:	
AGE 8-10 [LANGUAGE SPOKEN AT HOME: FRENCH ENGLISH OTHER:		L FRENCH L EN	GLIOD OLDER:	
WEEK(S) OF: JULY 4 TO 8 JULY 18 TO 22 AUGUST 15T TO 5 AUGUST 15 TO 19 PERSONS AUTHORIZED TO PICK UP THE CHILD:		WEEK(S) OF: JULY 11 TO 15 JULY 25 TO 29 AUGUST 8 TO 12 AUGUST 22 TO 26		
PERSON 1	PERSON 2			
NAME RE	ELATIONSHIP NAME			RELATIONSHIP
CONTACT PERSON IN CASE OF AN EMERGENCY				
X	<xx-xxx-xxxx< td=""><td></td><td></td></xx-xxx-xxxx<>			
NAME TE	L.	RELATIONSHIP		
3. INFORMATION FOR TAX RECEIPT				
FIRST NAME OF PARENT LAST NAME (OF PARENT	ADDRESS		
xxx xxx		XXX-XXX-XXX		DECLINE
CITY POSTAL COD	E	S.I.N. (FOR TAX	S.I.N. (FOR TAX RECEIPT*)	
XXX-XXX-XXXX	XXX-X	XXX-XXX-XXXX XXX-X		XXXX
TEL WORK	TEL. MOB	ILE	TEL HOME	
E-MAIL *The social insurance number is required in or	rder to issue a tax	receipt.	McCORD MUSEUN	M MEMBER YES NO

The tax receipt will be issued in the name of the person who pays the day camp fees.

FOR ADMINISTRATIVE USE (PLEASE LEAVE BLANK)

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4. DAYCARE SERV	ICE INCLUDED (7:30-9 A	M. AND 4-6 P.M.)					
☐ MORNING ONLY	☐ MORNING AND	EVENING					
☐ EVENING ONLY	☐ NONE REQUIRE	D					
	FEES* (FOR ALL REGIST	RATIONS IN THE S	AME EAMILY)				
J. REGIOTRATION	TEES (FOR ALL REGIOT	ı		ı			
@FEES		WEEK		WEEK 2			
		REGULA	R MEMBER	REGULAR	MEMBER		
1st CHILD PER WEEK		\$220	ф100	\$200	\$180		
2 nd CHILD**		\$220	\$180	\$200	\$180		
PER WEEK		\$200	\$180	\$200	\$180		
*Taxes included **From the same family.		'	'	'			
COST OF AN ANNUAL FAMILY MEMBERSHIP: \$75 ©TO BECOME A MEMBER: MCCORD-MUSEUM.QC.CA/SUPPORT/MEMBERS or 514-398-7100, ext. 222							
©TOTAL INVOICE							
1st CHILD	\$		CREDIT CARD				
	+		☐ VISA ☐ MASTER	CADD			
2 nd CHILD	\$		U VISA LI WASTER	CARD			
2 GIIILD			CARD NUMBER				
	=						
AMOUNT DUE*	\$		EXPIRY DATE				
					DD/MM/YYYY		
* In case of cancellation a sum of \$25 will be withheld if the cancellation is confirmed at least 20 days before the first day of camp. Any cancellations made after that date is non-refundable.		SIGNATURE		DATE			
@CONFIRM	MATION						
		DD/MM/YYY					
SIGNATURE OF PARE	NT OR GUARDIAN	DATE					

(INFORMATION

Fill the registration form online and send it to reservation@mccord-stewart.ca

Linda St-Pierre

Tel.: 514-398-7100, ext. 222

Fax: 514-398-5045

McCord Museum 690 Sherbrooke Street West Montreal, QC H3A 1E9