





© DAY CAMP 2016 REGISTRATION - one form per child

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1. GENERAL INFORMATION ABOU	JT THE CHILD						
FIRST NAME	 LAST NAN	ΛF		AGE			
THOTAW WIL		LASTINAIVIE					
DD MM YYYY	IF YOUR CHILD HAS ALLERGIES IN THE SPACE BELOW:			OR TAKES MEDICATION, PLEASE PROVIDE DETAILS			
DATE OF BIRTH		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
2. REGISTRATION OF CHILD							
YOUNG COLLECTORS AGE 5-7		TECHI AGE 5-7	NO GEEKS AND FASHION				
AGE 8-10		AGE 3-7 AGE 8-10					
LANGUAGE SPOKEN AT HOME:		LANGUA	AGE SPOKEN AT HOME:				
FRENCH ENGLISH OTHER:		FRE	NCH ENGLISH OTHER: _				
WEEK(S) OF:		WEEK	(S) OF:				
JULY 4 TO 8		JULY 11					
JULY 18 TO 22		JULY 25 TO 29					
AUGUST 1 ST TO 5			Г8ТО 12				
AUGUST 15 TO 19		AUGUS ⁻	Г 22 TO 26				
PERSONS AUTHORIZED TO PICK UP THE C	CHILD:	1					
PERSON 1		PERSON	√ 2 <u> </u>				
NAME	RELATIONSH	IP NAME		RELATIONSHIP			
CONTACT PERSON IN CASE OF AN EMERG	ENCY						
	XXX-XXX-XXXX						
NAME	TEL.	RE	ELATIONSHIP				
3. INFORMATION FOR TAX RECEI	PT						
FIRST NAME OF PARENT	IAME OF PARENT LAST NAME OF PARENT		ADDRESS				
CITY	DOSTAL CODE		SIN (FORTAY DECEIPT*)	DECLINE			
OII I	POSTAL CODE		S.I.N. (FOR TAX RECEIPT*)				
XXX-XXX-XXXX		XXX-XXX-XXXX	XXX-XXX-	<-XXX-XXXX			
TEL WORK		TEL. MOBILE	TEL HOME				
			MACODD MILIOTI	M MEMBED TYPE THE			
E-MAIL			McCORD MUSEU	M MEMBER YES NO			
*The social insurance number is re The tax receipt will be issued in the			nama foos				

FOR ADMINISTRATIVE USE (PLEASE LEAVE BLANK)

© DAY CAMP 2016 REGISTRATION

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

Fax: 514-398-5045



© DAT OAIVII	1 201011	Laioiiv	711011					MUSEUM
4. DAYCARE SERVI	ICE INCLUDED	(7:30-9 A.M. A	ND 4-6 P.M.)					
☐ MORNING ONLY	☐ MOF	RNING AND EVENI	NG					
☐ EVENING ONLY	□NON	IE REQUIRED						
					Λ			
5. REGISTRATION	FEES" (FUR ALI	LREGISTRATIC	JNS IN THE SA	IVIE FAIVIIL	1)			
@FEES	WEEK 1				WEEK 2			
	REGULAR	MEMBER	PREFERENTIAL UNTIL MARCH		REGULAR	MEMBER	PREFEREN UNTIL MAR	NTIAL RATE*
1st CHILD			OTTTE WWW.COTT	· ·			OTTI ETTI A	
PER WEEK	\$220	\$180	\$180		\$200	\$180	\$180	
2 nd CHILD								
PER WEEK	\$200	\$180	-		\$200	\$180	-	
*Promotion applies to one child	d per family							
BECOME A MEMBE								
COST OF AN ANNUA				F/84E84DED		1400 . 1 000		
©TO BECOME A ME	MBER: MCCORL	D-MUSEUM.Q	C.CA/SUPPOR	I/MEMBER	lS or 514-398-/	100, ext. 222		
©TOTALIN	/OICE				THOD OF	PAYME	NT	
				CHEQUE	(To the order of the	ne McCord Museu	m)	
	Φ.				(
1st CHILD	\$			CREDIT CARD				
	+			☐ VISA	☐ MASTERCARI)		
2 nd CHILD	\$							
	=			CARD NUM	MBER			
	Φ			MM / YYYY	,			
AMOUNT DUE*	\$			EXPIRY DA	TE			
							DD.	
* 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			SIGNATUR	E		DAT	E	
made after that date is		ady or ourripin ary						
600115151	—							
CONFIRM	MAHON							
			DD/MM/YYYY					
SIGNATURE OF PARE	NT OR GUARDIAN		DATE					
(INEODA	ATION	((2))						
«INFORN								
Fill the registrat	tion form online	and send it to	reservation@	mccord-st	ewart.ca			
Linda C+ Diarra			MaCard Mus	oum				

690 Sherbrooke Street West

Montreal, QC H3A 1E9