





© 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		
THIOTIV WIL		NAME AGE				
DD MM YYYY	DD MM YYYY IF YOUR CHILD HAS ALLERGIES IN THE SPACE BELOW:			OR TAKES MEDICATION, PLEASE PROVIDE DETAILS		
DATE OF BIRTH		, to E BELOVI.				
2. REGISTRATION OF CHILD						
YOUNG COLLECTORS AGE 5-7		TECHNO GEEKS AND FASHIO AGE 5-7				
AGE 8-10		AGE 8-10				
LANGUAGE SPOKEN AT HOME:		LANGU	AGE SPOKEN AT HOME:			
FRENCH ENGLISH OTHER:			RENCH ENGLISH OTHER:			
WEEK(S) OF:		WEEK	(S) OF:			
JULY 4 TO 8		JULY 11 TO 15				
JULY 18 TO 22		JULY 25 TO 29				
AUGUST 1 ST TO 5			T 8 TO 12			
AUGUST 15 TO 19		AUGUS'	T 22 TO 26			
PERSONS AUTHORIZED TO PICK UP THE C	CHILD:					
PERSON 1		PERSON	2			
NAME	RELATIONSH	IP NAME		RELATIONSHIP		
CONTACT PERSON IN CASE OF AN EMERG	ENCY					
	XXX-XXX-XXXX					
NAME TEL. RELATIONSHIP						
3. INFORMATION FOR TAX RECEI	PT					
FIRST NAME OF PARENT	RST NAME OF PARENT LAST NAME OF PARENT		ADDRESS			
OIT/	XXX XXX		CLAL (FOR TAX PECFIDT*)			
CITY	POSTAL CODE		S.I.N. (FOR TAX RECEIPT*)			
×××-×××		XXX-XXX-XXXX XXX		XXX-XXXX		
TEL WORK		TEL. MOBILE	TEL HOME			
E-MAIL			McCORD MUSEU	IM MEMBER YES NO		
*The social insurance number is re The tax receipt will be issued in the			c			

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 REQUIRED						
5. REGISTRATION FEES* (FOR ALL REGISTRATIONS IN THE SAME FAMILY)							
WELL CO.		WEEK 1		WEEK 2			
<pre>@FEES</pre>		REGULAR	MEMBER	REGULAR	MEMBER		
1st CHILD			-				
PER WEEK		\$220	\$180	\$200	\$180		
2 nd CHILD**							
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 © METHOD OF PAYMENT							
		[☐ CHEQUE (To the order of the McCord Museum)				
1st CHILD	\$	-	CREDIT CARD				
	+	_	□ VISA □ MASTERCARD				
2 nd CHILD	\$						
	=	L	CARD NUMBER	<u> </u>	l .		
	\$		MM / YYYY				
AMOUNT DUE*	Ψ	L	EXPIRY DATE				
* 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		DD / MM / YYYY DATE		
@CONFIRM	MATION						
	DD						
SIGNATURE OF PARE	NT OR GUARDIAN DAT	ΓE	_				

(INFORMATION

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

Linda St-Pierre

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Fax: 514-398-5045

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