

Mail this form with payment to:

Robotics Camp
P.O. Box 14, Station Westmount
Westmount, Quebec
H3Z 2T1
514-813-6673
info@roboticscamp.ca
www.roboticscamp.ca

ROBOTICS CAMP

Registration Form 2013 - **PLEASE PRINT**

Family Name of Camper First Name Gender

(Day) / (Month) / (Year)

School Attending Birth Date

Family Name of Camper (sibling) First Name (sibling) Gender

(Day) / (Month) / (Year)

School Attending Birth Date

Last Name and First Name of Mother Cell Phone No. Work No.

Last Name and First Name of Father Cell Phone No. Work No.

Email Address (please print clearly - camp confirmation and info are provided via e-mail)

Home Phone No. 2nd Email Address

Home Address City Postal Code

Alternate Contact in Case of Emergency Phone Number #1 Phone Number #2

Allergies, Medical Conditions and other pertinent information

Medicare Number Expiry Date Medicare Number (sibling) Expiry Date

Would you like to receive a tax receipt, sent via e-mail, in February 2014? Yes No

Last Name of Parent First Name of Parent SIN of Parent

The tax receipt can only be issued to one parent. A social insurance number is required for the relevé 24, as indicated in the Tax Administration Act (58.1., 58.1.1, 58.2, 59.0.2 and 59.0.3).

continue on reverse =>

Please indicate the week(s) of choice.

Camp Session: July 2 to July 5 July 8 to July 12
 July 29 to Aug. 2 Aug. 5 to Aug. 9 Aug. 12 to Aug. 16

Robotics Camp Fee:

1 student @ July 2 - 5	\$252.00	1 student @ July 2 - 5 + 2 weeks	\$822.00
1 student @ 1 week	\$315.00	1 student @ 3 weeks	\$885.00
2 siblings @ July 2 - 5	\$474.00	3 siblings @ 1 week	\$885.00
1 student @ July 2 - 5 + 1 week	\$537.00	2 siblings @ July 2 - 5 + 1 week	\$1014.00
1 student @ 2 weeks	\$600.00	1 student @ July 2 - 5 + 3 weeks	\$1107.00
2 siblings @ 1 week	\$600.00	2 siblings @ 2 weeks	\$1140.00
3 siblings @ July 2 - 5	\$696.00	1 student @ 4 weeks	\$1170.00

Robotics Camp Extended Hours Fee: (If needed, please indicate choice)

1 student @ 4:00 to 4:30 - July 2 - 5	<input type="checkbox"/> \$16.00	1 student @ 4:00 to 5:00 - 1 week	<input type="checkbox"/> \$40.00
1 student @ 4:00 to 4:30 - 1 week	<input type="checkbox"/> \$20.00	1 student @ 4:00 to 5:30 - July 2 - 5	<input type="checkbox"/> \$48.00
1 student @ 4:00 to 5:00 - July 2 - 5	<input type="checkbox"/> \$32.00	1 student @ 4:00 to 5:30 - 1 week	<input type="checkbox"/> \$60.00

Robotics Camp Subway Lunch Fee:

1 student @ July 2 - 5 \$26.00 1 student @ 1 week \$32.00

Robotics Camp Fee: \$ _____

Extended Hours Fee: amount x number of week(s) = + \$ _____

Subway Lunch: amount x number of week(s) = + \$ _____

Service Fee + \$ 20.00

Robotics Camp Total Fee: = \$ _____

Deposit due with registration form: (payable by cheque or credit card) - \$ 95.00

Balance due: (payable by cheque or credit card) = \$ _____

Make cheques payable to: **Educational Products and Services**

Please include post-dated cheque (June 1) or balance of payment by Credit Card will be made in two equal preauthorized payments on May 1st and June 1st.

Payment by Credit Card: Visa MC AMEX

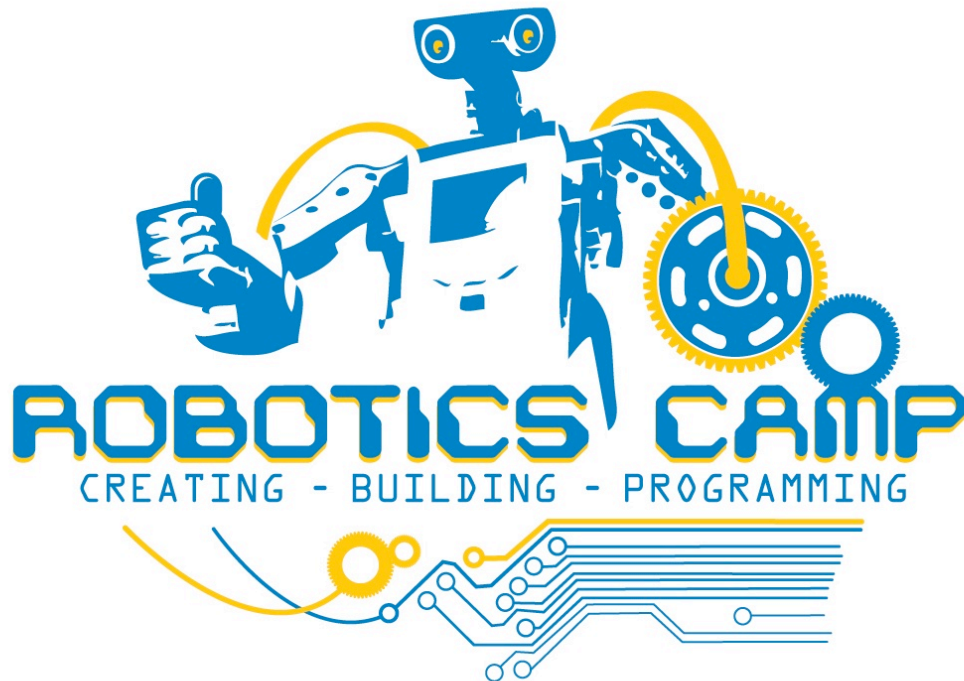
Name on Credit Card _____ Credit Card Number _____ Expiry Date _____ CVV or CVC _____

(CVV or CVC is the 3 digit number on the back of the credit card)

We heard about the Robotics Camp through: Montreal Families Montreal Gazette
 Luba Newspaper Website Camp Fair Friend Other: _____

Comments/Notes: (Please indicate if you would like your child to be in the same classroom as another student)

* Please take note that your child does not get to keep any of the products used at the Robotics Camp *



I, the undersigned parent/guardian, give permission for my child to participate in all areas of the Robotics Camp at Dawson College. I hereby waive any claims or causes of action, which I may now or hereafter have against the Robotics Camp arising out of my child's participation, and I will indemnify and hold harmless against any and all claims resulting from such participation. In the event my child should sustain injuries or illness while involved in a Robotics Camp activity, I hereby authorize such aid or other treatment as may be necessary under the circumstances, to include treatment by a physician or hospital. If my child disrespects camp rules, the Robotics Camp reserves the right to discontinue my child's participation with reimbursement, less the days spent at camp.

Name of Child: _____

Parent/Guardian Signature

Print First and Last Name

Date

I, the undersigned parent/guardian, grant the Robotics Camp permission to photograph and/or videotape my child during the Robotics Camp. I also grant the Robotics Camp the right to use these photographs and video of my child for educational and promotional purposes (e.g. website). I understand that my child's name will not appear with such photographs or video.

Name of Child: _____

Parent/Guardian Signature

Print First and Last Name

Date