

MINIVILLE BOISBRIAND

Children's cafe and play space - Boisbriand, Quebec

Day Camp Registration Form — Summer 2026

■ CHILD INFORMATION

Last name *

First name *

Date of birth *

Age *

Gender

Girl Boy Other

Address (number and street) *

City *

Postal code *

■■ CHILD'S MEDICAL INFORMATION

Health insurance card number (RAMQ) *

Expiry date *

Allergies — Write "None" if not applicable *

Regular medications (name, dosage) — Write "None" if not applicable *

■■■ Authorization — Medication Administration

I authorize Miniville Boisbriand to administer the above medications to my child if required.

Parent signature *

Date *

Activity restrictions — Write "None" if not applicable *

Other important information (behaviors, fears, needs)

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■ PHOTO AND VIDEO AUTHORIZATION

Do you consent to the camp taking photos and videos of your child?

- Yes, I consent to publication on social media Yes, internal use only
 No, I do not consent

Parent / guardian signature *

Date *

■■■■■■ PARENT / GUARDIAN INFORMATION

PARENT / GUARDIAN 1

Last name *

First name *

Relationship to child *

- Mother Father Legal guardian Other

Email *

Cell phone *

PARENT / GUARDIAN 2

Last name

First name

Relationship to child

- Mother Father Legal guardian Other

Email

Cell phone

■ EMERGENCY CONTACT

Person to contact if parents cannot be reached.

First name *

Last name *

Relationship to child / family *

- Grandparent Uncle/Aunt Sibling Neighbour Friend Other

Phone number *

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■ WEEK SELECTION — SUMMER 2026

Check desired weeks. Spots granted on a first come, first served basis.

<input type="checkbox"/> Week 1 — June 22 to 26	<input type="checkbox"/> Week 2 — June 29 to July 3	<input type="checkbox"/> Week 3 — July 6 to 10
<input type="checkbox"/> Week 4 — July 13 to 17	<input type="checkbox"/> Week 5 — July 20 to 24	<input type="checkbox"/> Week 6 — July 27 to 31
<input type="checkbox"/> Week 7 — Aug. 3 to 7	<input type="checkbox"/> Week 8 — Aug. 10 to 14	<input type="checkbox"/> Week 9 — Aug. 17 to 21

■ TAX RECEIPT — CHILDCARE EXPENSE DEDUCTION

Information for the person claiming childcare expenses for the tax credit.

Last name *

First name *

Social Insurance Number (SIN) *

Email *

Address *

City *

Postal code *

■ TERMS AND CONDITIONS

1. Registration is confirmed only after full submission of the form and payment.
2. Any combination of weeks may be chosen (first come, first served).
3. All children must be toilet trained.
4. Children showing signs of illness must stay home.
5. The parent releases Miniville from all liability related to camp activities.
6. Miniville is not responsible for loss or theft of personal belongings.
7. No refunds. Credits may be issued at the discretion of management.

I have read, understood and agreed to all terms and conditions.

Parent or legal guardian signature *

Date *