



CPF-NS Membership Number: _____
(Administrative Use Only)

French Immersion Day Camp 2017 Application Form**

_____ CAMP CHOCOLAT 1 (July 4-7, 2017) \$160 + \$24 hst = \$184 _____ CAMP CHOCOLAT 2 (July 10-14, 2017) \$200 + \$30 hst = \$230

_____ CAMP DU SOLEIL 1 (July 17-21, 2017) \$200 + \$30 hst = \$230 _____ CAMP DU SOLEIL 2 (July 24-28, 2017) \$200 + \$30 hst = \$230

WEEKLY COST: Before camp care (1/2 hour) \$12+\$1.80 hst, after camp care (1 hour) \$25+\$3.75 hst, both before/after care \$35+\$5.25hst

CAMPER INFORMATION

Camper's First Name _____ Last Name _____

Parent/Guardian First Name _____ Last Name _____

Parent/Guardian First Name _____ Last Name _____

Address _____

Town _____ Province _____ Postal Code _____

Home phone _____ Email _____

Parent 1 Cell phone _____ Parent 2 Cell phone _____

Parent 1 Work phone _____ Parent 2 Work phone _____

Current French Program: Early Immersion _____ (must have completed grade primary)

First time at French Camp? Yes _____ No _____ Swimming Level/Ability _____

School attended in 2016/2017 _____ Presently in Grade _____ Age _____

T-Shirt Sizes: Youth: S _____ M _____ L _____ Adult: S _____

Membership **MUST** be up to date. A CPF membership application form is attached, however you can also register online at cpf.ca/en/membership/ Membership must be in the name of the parent(s)/guardian(s)/family member(s).

Camp Fee: _____ please make cheque to CPF Nova Scotia

_____ * \$20 reduction for multiple registrations in same household, deduct one per household

Add cost of weekly before/after care if needed _____

HST 15% _____ HST reg. # 106865 199 RT (on camp fees and before/after care)

Total: \$ _____

*If registering another child in the same household, please specify child's name _____

Please mail, email or fax completed forms to: CPF Nova Scotia Camps
8 Flamingo Drive, Halifax, NS B3M 4N8 Fax: 902-455-2789
cpfprograms@ns.sympatico.ca

PAYMENT MUST ACCOMPANY APPLICATION, HEALTH FORM & CONSENT FORM.

CHEQUES SHOULD BE MAILED WITH FORMS. CREDIT CARD INFORMATION MAY BE PROVIDED ON MEMBERSHIP FORM (PAGE 2). PAYMENT BY DEBIT IS AVAILABLE AT THE BRANCH OFFICE.

In order for all campers to have a safe and positive experience, CPF Nova Scotia reserves the right to refuse acceptance to any applicant based on the standards outlined in this application (Page 4). **All camps are held contingent upon sufficient registration.

For Office Use Only: Method of payment: Cash Cheque Debit Credit

Deposit #: _____ Receipt #: _____



CPF-NS Membership Number: _____
(Administrative Use Only)

Family Membership Application Form

New Membership Renewal: Membership # _____

MEMBERSHIP INFORMATION *Up to two adults per family membership*

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Fax: (_____) _____ E-mail: _____

School(s): _____

NS School Board: AVRSB CBVRSB CCRSB CSAP HRSB SRSB SRSRB TCRSB Other

Local CPF Chapter _____ Other: _____

MEMBERSHIP FEES

BEST VALUE!

3 year - \$60.00 \$ _____

1 year - \$25.00 \$ _____

Donation* \$ _____

Total (No GST) \$ _____

65% of your membership fee supports the activities of your local CPF Chapter, 25% supports CPF's work at the Branch level and 10% goes to CPF National.

***DONATION** Donation is for CPF-Nova Scotia Donation is for CPF National

Your gift in support of CPF is welcomed and appreciated. All donations are important to us. However, due to cost, we will issue tax receipts in January of the following year only to donors who have made donations of more than \$10, unless a receipt for a lesser amount is specifically requested.

THANK YOU FOR YOUR SUPPORT! (CPF Charitable Reg. No. 11883 5131 RR0001)

CAMP AND MEMBERSHIP PAYMENT OPTIONS (BRANCH OFFICE USE)

VISA MasterCard Cheque # _____ Enclosed

Name on card: _____

Card #: _____ Expiry Date: _____

Total Camp Fee _____ Membership fee: _____

Total payment: _____

Signature _____ Date _____

I understand that the personal information collected on this form is for the purpose of forwarding various newsletters and other mailings related to French second language as well as fundraising materials.

Occasionally, the CPF membership list may be made available to other groups/agencies to offer members special benefits or education-related information. Use of the list will be carefully regulated and only permitted under a contract specifying confidentiality and one-time authorization. If you do not wish to receive mailings other than directly from CPF, please check here:

CAMPER HEALTH FORM

****This form must be completed in full - Please PRINT clearly – One form per camper***

Camper's First Name _____ Last Name _____

Parent/Guardian's First Name _____ Last Name _____

Parent/Guardian's First Name _____ Last Name _____

Home phone _____ Email _____

Parent 1 Cell phone _____ Parent 2 Cell phone _____

Parent 1 Work phone _____ Parent 2 Work phone _____

Camper's Age at time of camp _____ Birth date Month _____ / day _____ / year _____ Male _____ Female _____

Camper's MSI/Provincial Health Insurance. # _____

Out of province campers only must attach a photocopy of Provincial Health Insurance Card

Family Doctor's Name _____ Phone _____

EMERGENCY CONTACT INFORMATION: (to be used if parent or guardian is unavailable)

Emergency Contact _____

Address _____

Phone daytime _____ Phone night _____ Cell phone _____

Is the camper subject to any of the following?

Asthma Respiratory ailments Eyesight Problems (other than glasses) Allergies Diabetes Bed Wetting

Convulsions Sensitive Skin Headaches Sleepwalking Nightmares Ear infections Hearing impairment

Other: _____

Explain any of the above: _____

Is the participant subject to allergic reactions to food, insect stings, etc? Please complete the following

Allergies _____ Life-threatening?

YES NO

YES NO

Do you have any special instructions for counselors regarding camper's health care and/or diet? NO YES

If yes, please explain _____

Is the camper subject to a chronic condition or recent illness that counselors should be aware of?

Are there any medications that your child requires and will need to be administered? NO YES If yes, please specify _____

******Please note, if your child is treated by a physician for an illness or injury while at camp or within one month previous of attending camp, a Certificate of Health must be completed and signed by a physician before commencing camp activities.***

I hereby authorize a CPF representative to secure medical advice and services as may be deemed necessary for the health and safety of my child during activities. I agree to accept financial responsibility in excess of benefits allowed by my provincial/private health plan or the CPF insurance plan.

***Signature of Parent/Guardian:** _____ **Signed:** _____, 2017

Camp Participation Consent Form

In consideration of the sponsorship and organization of this camp program; I, the undersigned, waive and release **Canadian Parents for French**, its employees, representatives, agents and officials from all claims, demands, actions, damages, costs and liability of any kind; for any injury, death, loss or damage to any and all persons and/or property, however caused, whether as a result of a negligent act(s) or otherwise, which occurs during, in connection with, or as a result of the camper's participation in the camp program. I am aware that Canadian Parents for French assumes no responsibility or liability for any injury or loss.

Please read and check each box.

- I am aware that Canadian Parents for French summer camps may include outdoor activities, swimming, hiking, boating, sports activities, art activities, games etc. and these activities all have inherent risks that can result in serious bodily injuries and/or death.
- I am aware that all camps are conducted in French. Orientation on the first day will provide information and rules outlined in English, after which **camp is conducted entirely in French**. Students will receive up to 3 warnings, if they cannot comply with this rule, they will be asked to leave camp. If a camper is asked to leave camp, the parents is responsible for all associated costs of travel.
- Canadian Parents for French does not tolerate bullying, inappropriate/disrespectful behaviour or physical confrontation. Campers must treat each other with respect. Campers must listen to camp staff and to follow instructions. If a camper cannot comply with this rule, they will be asked to leave camp.
- If your child has a physical, behavioral or mental condition that requires supervision or medication, we must be contacted prior to acceptance of application. Canadian Parents for French will try to accommodate all campers if possible, but does not have the trained staff required to meet specialized camper needs.**
- I understand that **no refunds will be given after camp has started**. Refunds for medical reasons will be processed only **on receipt of an original signed doctor's letter**.
- I understand that there is a **\$25 non-refundable administration fee** included in the camp fee(s) and that the \$25 membership fee is non-refundable.
- I understand that Canadian Parents for French is not responsible for stolen, lost or damaged personal articles.
- I agree to accept financial responsibility for any property damage caused by my child at camp.
- I authorize camp personnel to inspect my child's belongings if necessary. The possession of illegal substances/objects, cigarettes, alcohol, etc are not allowed at camp. If a camper is in possession of these items, they will be asked to leave immediately.
- I understand that phone calls disrupt scheduled activities and **will only contact my child in case of an emergency**. Contact information for each camp is available. All camps are equipped with landline phones
- I grant permission to Canadian Parents for French to take and use photos and/or video to promote the organization and its programs. The materials and copyright will remain the sole property of Canadian Parents for French and I waive any claim to remuneration for their use.

I acknowledge that I have read and understand this agreement, that I have been afforded an opportunity to obtain legal advice with respect to the details of this agreement, and that I have either obtained legal advice or waive my right to same. I am aware that by signing this agreement I am waiving certain legal rights and have signed it freely and voluntarily without undue influence or duress and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

*Signature of Parent/Guardian: _____ Signed: _____, 2017.