



REGISTRATION FORM 2020

Registering Your Child at Champ Libre

Please read and fill out this document carefully and diligently. Signature on all documents are necessary to welcome your child at Champ Libre.

Documents to complete and sign (one file per registered child)

- Contact information
- Health insurance card
- Right to publish
- Responsibility waiver
- Attendance fees

Documents to provide before your child's first visit:

- Copy of health insurance card
- The filled-out registration form signed and returned by email to:

Champ Libre
% Lawrence Lefcort
info@champlibre.org

Contact information

Your child

First name: _____ Family name: _____

Born on: ____ / ____ / _____ Sex: Female Male Not specified

In (city): _____ Nationality: _____

Address: _____

Mobile tel (if applicable): _____ - _____ - _____ Email: _____

Parents or Legal Guardian

First name: _____ Last name: _____

Address: _____

Profession : _____

Telephone (home): _____ - _____ - _____ Cell: _____ - _____ - _____

Telephone (office): _____ - _____ - _____ Email: _____

First name: _____ Last name: _____

Address: _____

Profession : _____

Telephone (home): _____ - _____ - _____ Cell: _____ - _____ - _____

Telephone (office): _____ - _____ - _____ Email: _____

Person(s) to be notified in the event of an emergency, other than parents or legal guardians:

First name: _____ Last name: _____

Address: _____

Telephone (home): _____ - _____ - _____ Cell: _____ - _____ - _____

Please advise us of any change in your contact information as soon as possible.

Health Information

First name: _____ Last name: _____

Address: _____

Health insurance card number: _____

Expiration date: _____

Person(s) to contact in the case of an accident or health incident:

First name: _____ Last name: _____

Mother Father Brother/Sister Other: _____

Cell: _____ - _____ - _____ Tel. (office): _____ - _____ - _____

First name: _____ Last name: _____

Mother Father Brother/Sister Other: _____

Cell: _____ - _____ - _____ Tel. (office): _____ - _____ - _____

Helpful information from parents/legal guardians

Please let us know if your child wears contact lenses, glasses, dental or hearing aids, etc. or any other useful information not listed on the following page, specifying the precautions to be taken:

Medical Information

Is your child currently undergoing medical treatment? Yes No

If YES, please attach a recent prescription and the corresponding medicine box marked with your child's name and containing the instructions.

No medication may be taken at the Center without a dated and signed prescription from a doctor and without the parent's consultation with the Champ Libre team.

Does your child have any known allergies?

Asthma: Yes No

Medications: Yes No

Food: Yes No

Other: Yes No

If YES, please specify which ones:

Thank you for specifying the cause of the allergy and what to do in the case of a flare up (if self-medication is needed, please mention it)

Does your child have or have they had any other health problems/issues? Yes No
(Example: disease, major accidents, seizures, hospitalizations, operations, rehabilitation, etc.)

If YES, please explain, specifying the dates, as well as the precautions to be taken:

I, undersigned _____, parent or
legal guardian,

I, undersigned _____, parent or
legal guardian,

**certify that all the above information is accurate and correct. In the case of an
emergency, we authorize the staff at Champ Libre to make any necessary decisions
regarding my child's health and safety.**

Parents' or legal guardians' signature:

Right to Publish

The right to privacy is protected in Quebec by articles 3, 35, and 36 of the Quebec Civil Code as well as in article 5 of the Charter of Human Rights and Freedoms.

Autorisation de publication

I authorize Champ Libre – Centre d'apprentissage libre :

To photograph or film my child: (print name) _____

and myself: (print name(s)) _____

during the course of the day to day functioning of the Center or during any special events.

I authorize Champ Libre to use these images or videos to promote its activities on its website and in other print or online media. Champ Libre will not publish any photos or videos on social media.

This authorization also applies to the use of our image(s) by all media outside Champ Libre for articles and news stories on the Center. This authorization is given free of charge for an indefinite period.

Date : ____ / ____ / _____

Signature of parents / legal guardians:

Liability Waiver

The children who attend Champ Libre will be allowed to be on their own (away from adult supervision) both inside the premises and on the grounds outside the Center.

Therefore, parental authorization is needed.

I, undersigned (Mr. Ms. Mrs. First name, last name) _____

_____ and I, undersigned (Mr. Ms. Mrs. First name, last name)

having parental authority for (full name of child), _____

_____, attending Champ Libre, authorize my child, if they so desire, to be autonomous anywhere on the Champ Libre premises, both inside and outside.

Date: ____/____/____

Signature(s):

Attendance Fees

Monthly fees (September 2020 - June 23, 2021)

4 days/week:

- \$500.00 / month (1st child)
- \$475.00 / month (2nd child +)

3 days/week:

- \$400.00 / month (1st child)
- \$375.00 / month (2nd child +)

2 days/week:

- \$300.00 / month (1st child)
- \$275.00 / month (2nd child +)

Please note that all fees paid are eligible for a tax credit with Revenue Quebec at the end of the year (through the Relevé 24). A day camp will be offered in the month of July 2021 (also eligible for tax credit).

The center will be open: **Mondays, Tuesdays, Wednesdays, and Thursdays from 9:00 am-4:30 pm.**

My child will attend _____ days per week.

Payment method

Payments are made at the beginning of each month via post-dated cheques or bank transfer.

Food policy

Parents are responsible for supplying lunch and all snacks for their children.

Champ Libre aims to provide a healthy environment free from any foods or drinks that contain refined or added sugar. We, therefore, ask parents and kids not bring in any candies, candy bars, soft drinks, pop, energy drinks, or Gatorade-type drinks. Homemade desserts with honey, blackstrap molasses, or maple syrup are welcome as are store-bought snacks or drinks that do not contain any refined or added sugar.

I, undersigned, (Mr. Ms. Mrs. first name, last name) _____

and/or I, undersigned, (Mr. Ms. Mrs. first name, last name) _____

I understand Champ Libre's food policy and agree to abide by it.

Date : ____/____/____

Signature(s) :