

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 2020 - PLEASE PRINT

Family Name of Camper _____ First Name _____ Gender _____

School Attending _____ Birth Date (Day) ____ / (Month) ____ / (Year) ____

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

School Attending _____ Birth Date (Day) ____ / (Month) ____ / (Year) ____

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 Emergency Contact _____ Relationship _____ Phone Number Cell _____ Phone Number Home _____

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 2021? 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: June 29 to July 3 July 6 to July 10 July 13 to July 17
 July 20 to July 24 July 27 to July 31 Aug 3 to Aug 7 Aug 10 to Aug 14

Robotics Camp Fee:

1 student @ 1 week: \$340.00 (WeDo) or \$390.00 (EV3)
1 student @ 2 weeks or 2 siblings @ 1 week: \$630.00 (WeDo) or \$730.00 (EV3)
1 student @ 3 weeks or 3 siblings @ 1 week: \$920.00 (WeDo) or \$1070 (EV3)
2 siblings @ 2 weeks: \$1160.00 (WeDo) or \$1360.00 (EV3)

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

1 student @ 4:00 to 4:30 - 1 week \$20.00 1 student @ 4:00 to 5:30 - 1 week \$60.00
1 student @ 4:00 to 5:00 - 1 week \$40.00

Robotics Camp Fee: _____ \$

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

Robotics Camp Total Fee: = \$ _____

Deposit due with registration form: (payable by cheque or credit card) - \$ 50.00

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

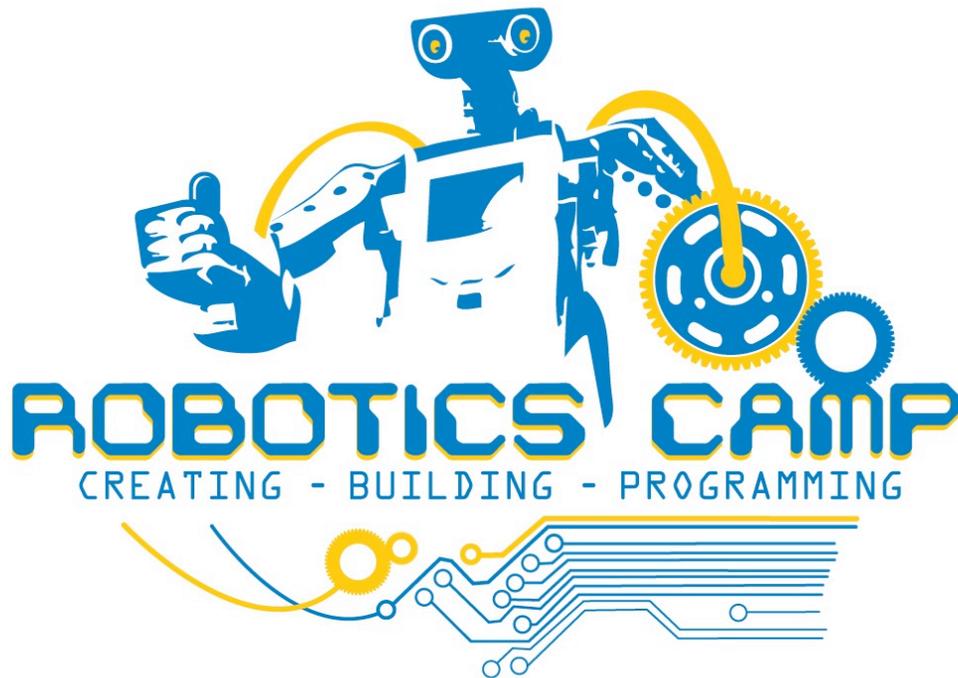
Payment by Credit Card: Visa MasterCard

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
 Le Devoir 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, facebook). 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