



Summer program *Farm to School* Québec

Hudson Heartbeet Community Farm, 723 Main Road, Hudson
Québec, J0P, Canada

Web site : <https://ecole-o-champ.org>

E-mail : info@ecole-o-champ.com

Tel. : 514-236-3624

REGISTRATION FORM 2018

(Confidential information to be used exclusively by the program)

Please, send the scanned registration form(s) by email at clara.limongi@ecole-o-champ.org , and the check at the following address: **2217 Chemin Principal, Saint-Joseph-du-Lac, QC J0N 1M0.**

Registration information for your child			
Last Name :		Primary Tel. Nu :	() -
First name :		Health Insu Nu :	Exp. /
Birthday :	DAY / MONTH / YEAR	Age	

1 st Contact <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> LEGAL GUARDIAN		2 nd Contact <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> LEGAL GUARDIAN	
Full name :		Full name :	
E-mail* :		E-mail* :	
Address :		Address :	
City, zip code :		City, zip code :	
Home phone :	() -	Home phone :	() -
Cellphone :	() -	Cellphone :	() -
Occupation :		Occupation :	

***Please provide the email address you check most frequently.**

Email is our the primary medium of communication.

ADDITIONAL EMERGENCY CONTACT	
Full Name :	
Phone :	()
Relationship to the child:	

PHOTOGRAPH AND RESEARCH AUTHORIZATION

I hereby authorize *Farm to School Québec* program to take photographs and video clips of my child in the context of this summer program. These photos and clips may be used for promotional purposes, primarily on the *Farm to School* website.

SIGNATURE : _____

DATE : DAY / MONTH / YEAR

I authorize *Farm to School Québec* to evaluate the children throughout the summer program through the use of activities and surveys. All survey answers are collected and analysed anonymously. The information obtained from the surveys allows for the modification of existing modules and activities, and the creation of new modules in response to the agro-food educational needs of the children.

SIGNATURE : _____

DATE : DAY / MONTH / YEAR

My child is allowed to sign him/herself out at the end of the day.

YES

NO

My child is allowed to leave with another adult, named below.

YES

NO

Name :

Name :

Name :

SCHOOL INFORMATION

School name:

Grade level/Teacher :

Level in French & English:

AUTORISATION DE PARTICIPATION

I have read and understood the rules and regulations pertaining to the *Farm to School Québec*. I authorize my child:

_____ to participate in all of the activities of the summer 2018 program.

I understand that the people in charge will put all their effort into supervising the children, and in organising and carrying out the activities and therefore I release them of all responsibility if in spite of their best efforts, if my child sustains an injury.

I will notify Farm to School Québec of any changes in the health and medical status of my child. In case of emergency, I authorize the responsible individuals to arrange for my child to receive the necessary medical, surgical or dental treatment.

The *Farm to School Québec* summer program reserves the right to end the participation of a child in the camp, without reimbursement, if he or she is disruptive to fellow campers and the activities organized.

MEDICAL FILE 2018

Child's Name : _____ (Confidential Information to be used solely by the *Farm to School Québec* program)

MEDICAL HISTORY OF YOUR CHILD (place a check to the left of the text)					
YES		YES		YES	
	Asthma		Hypoglycemia		Neurological Problems
	Strokes		Cardiac Malformation or anomaly		Loss of Consciousness
	Conjunctivitis		Heart Palpitations		Skin Conditions
	Convulsions		Otitis		Digestive Problems
	Diabetes		Stomach aches		Muscular Issues
	Epilepsy		Back pain/problems		Nose bleeds
	Hypertension		Headaches / migraines		Hard of hearing
	Hyperventilation		Physical Disability		Respiratory Problems
	Enuresis (Bed wetting)		Intellectual Disability		Other:

ADDITIONAL HEALTH INFORMATION (for example: fears, phobias, painful menstruation or any other pertinent details)

PRESCRIBED MEDICATION and DOSAGE
Name : _____ Dosage : _____
Name : _____ Dosage : _____
Name : _____ Dosage : _____

GENERAL QUESTIONS ABOUT YOUR CHILD	YES	NO
Are their VACCINES are up to date?		
<i>Date of last tetanus shot : / /</i>		
Does he/she have an EIPEN ?		
Does he/she wear glasses ?		
Does he/she have an attention deficit disorder? (ADD/ADHD)?		
Car sickness		

MEDICAL AND FOOD ALLERGIES OR INTOLERANCES (Complete list)

OTHER THINGS TO KNOW ABOUT MY CHILD

SIGNATURES

I, the undersigned, authorize *Farm to School Québec* to provide first aid intervention as required. In the case of an emergency, I equally authorize *Farm to School Québec* to transport my child via ambulance to a hospital or health institution, all at my cost, if applicable. I also authorize the administration of the medications mentioned above. **Please note that a health insurance card is necessary in case of a consultation in a medical centre.**

DD / MM / YY _____

As the parent/ legal guardian of this child, I hereby declare to have read and accepted the terms and conditions above, and that the information provided is complete and accurate.

In order to ensure your child's participation in the *Farm to School Québec*, please sign and return the registration and health and medication sheets as well as this sheet.

Montréal the, _____

Signature : _____

Father () Mother () Tutor () Legal Guardian ()

The team of Farm to School Québec

How did you hear about us?

<input type="checkbox"/>	Information table	<input type="checkbox"/>	Facebook ads
<input type="checkbox"/>	Farm to School's website	<input type="checkbox"/>	Google ads
<input type="checkbox"/>	Farm to School's facebook	<input type="checkbox"/>	Montreal Families' website
<input type="checkbox"/>	Quinn Farm's website	<input type="checkbox"/>	Montreal Families' newsletter
<input type="checkbox"/>	Quinn Farm's facebook	<input type="checkbox"/>	A friend
<input type="checkbox"/>	My child's school	<input type="checkbox"/>	Other:

Daycare			
			Select
AM (8:00 à 9:00)	\$25	<input type="checkbox"/>	
PM (4:00 à 5:00)	\$25	<input type="checkbox"/>	
AM & PM (8:00 à 9:00 & 4:00 à 5:00)	\$45	<input type="checkbox"/>	
Camp weeks (6 to 13 years)			
		Select	Select
<u>Week: August 13 to 17 (in English)</u>	\$220	<input type="checkbox"/>	ou \$230 <input type="checkbox"/>
<u>Week: August 20 to 24 (in French)</u>	\$220	<input type="checkbox"/>	ou \$230 <input type="checkbox"/>
Total and payments			
Total			\$
\$15 discount (if applicable) see clauses for more details	-		\$
\$100 deposit (if applicable)	-		100 \$
(Balance to pay before May 15)			\$
*\$220 for registrations received BEFORE April 15 ; \$230 for registrations received after.			
*\$15 discount applicable on registrations of 2 children or more, OR on 2 weeks of camp.			
*\$100 deposit that needs to be paid at the time of registration, if you choose to not pay the full balance at once (per child per week)			

CLAUSES:

- The accepted modes of payment include Eventbrite, cash or check.
- Registration forms need to be sent by email to clara.limongi@ecole-o-champ.org.
- All checks need to be sent to: **2217 Chemin Principal, Saint-Joseph-du-Lac, QC J0N 1M0.**
- You have the choice to make a \$100 deposit per child per week, and pay and sent the remaining of the balance in full no later than **May 15th** to the same address as above.
- If you register your child for two weeks, **OR** if you register two or more children, a **\$15 discount** will be applied to the final amount of the registration fees.
- There will be no refunds given.