

LA PETITE FANFARE MUSIC CAMP



FIRST EDITION

SUMMER 2011

REGISTRATION FORM · ONE FORM PER CHILD

PARTICIPANT INFORMATION (Please also attach a recent photo.)

1

| | | |
|-------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------|
| Surname | Given name (s) | |
| Birth date (dd-mm-yyyy) __/__/---- | Âge as of Sept 30, 2011 | Gender <input type="checkbox"/> M <input type="checkbox"/> F |
| Address (<input type="checkbox"/> Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father) | | |
| City | Province | Postal code |
| Home phone | Email | |
| Mother's name | Phone number (work/day) | |
| Father's name | Phone number (work/day) | |
| Receipt for tax purposes made out to <input type="checkbox"/> Mother <input type="checkbox"/> Father SIN | | |

REGISTRATION

2

| | |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Session A · from July 4 to 15 | Child's first time at day camp? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Session B · from July 18 to 29 | Request for pairing with another participant. The Music Camp will accommodate your request as far as possible. Pairing requests will be considered only for children of the same age. |
| <input type="checkbox"/> Session C · from August 1 to 12 | My child would like to be in the same group as: |

MUSIC CLASSES

3

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------|
| Write 1 beside the instrument that your child will practise most at camp and 2 beside the instrument to which you would like him/her to be exposed. | __ Piano | __ Guitar |
| | __ Violon | __ Voice |
| | __ Flute | __ Percussion |
| Instrument no 1 <input type="checkbox"/> No experience | <input type="checkbox"/> ___ years' experience | |
| | Music school | Teacher |
| | Repertoire worked on in last month | |
| | Other musical experience | |

MEDICAL RECORD

4

A Music Camp session can be very demanding on the children. Please help us make this experience as much fun as possible by informing us of any medical conditions the child may have (medication, disability, allergy and treatment, if applicable):

Health insurance number

Expiry

Emergency contact

Relationship

Telephone

Do not hesitate to contact Camp leaders as soon as possible to discuss your child's medical situation if necessary (819-827-4007).

ADDITIONAL INFORMATION

5

Include any information you think the camp's leadership should know:

I hereby authorize *La petite fanfare Summer Music Camp's* leadership to use images (photos or videos) of my child taken at the Camp for publicity purposes: Yes No

FEES AND REGISTRATION (Registration for one complete session only)

6

TOTAL FEES: \$499 PER CHILD PER SESSION

6.1 Attach one cheque payable to *La petite fanfare* in the amount of \$499

(including a non refundable deposit of \$100).

6.2 Send or deliver the completed form and cheque to:

– *La petite fanfare*, 513 route 105. Chelsea, Qc, J9B 1L2

Cancellation. No refunds after June 1. The Music Camp leadership reserves the right to cancel the registration of any participant who impedes the proper conduct of the Camp's activities. **Fee for NSF cheques:** \$15.

7

Name of parent/guardian

Signature

Date