

# Inspirations Summer Camps

## Registration Package

Please complete and mail to

Inspirations Camps

Attn: Stephen Hone

162 Rue Lyse-Daniels

Gatineau, Quebec J9J 3Y4

or email to

info@inspirationscamps.ca

Campers First and Last Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of July 1, 2013 \_\_\_\_\_  
Month Day Year

Male

Female

Health Card # \_\_\_\_\_ Version Code and Expiry Date \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax # \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Contact# \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Contact# \_\_\_\_\_

Has your child attended other camps? (Circle/ Bold One)      Yes   or   No

If so where and when, what was the ratio of staff to your child? For example, 1:1 or more?

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What school(s) and program(s) has your child attended and when? Please list all beginning with most recent.

School/ Program

Year

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**(Optional)** Date of last medical visit and why, was the problem resolved? provide as much information as possible. Often a function of behavior is pain or discomfort, when family members provide this information it allows camp staff be aware and to best support. As well we can record and communicate any information to their loved ones.

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What staff to camper ratio do you feel your child requires on site in classrooms?

**1:1          1:2          1:3          1:4**

What staff to camper ratio do you feel your child requires on outings in the community?

**1:1          1:2          1:3          1:4**

Please provide us with details and reasons for your request so that we can best support your child and be aware of antecedents

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**Check/Circle the week(s) that you would like to have your child attend as  
well as the age group**

Week number	Dates	Age Group	Price
Week One	July 2- 4, 2014	Group A (6-9) Group B (10-13) Group C (14-17)	\$200.00
Week Two	July 7 -11, 2014	Group A (6-9) Group B (10-13) Group C (14-17)	\$250.00
Week Three	July 14-18, 2014	Group A (6-9) Group B (10-13) Group C (14-17)	\$250.00
Week Four	July 21 – 25, 2014	Group A (6-9) Group B (10-13) Group C (14-17)	\$250.00
Week Five	July 28 – August 1, 2014	Group A (6-9) Group B (10-13) Group C (14-17)	\$250.00

Week Six	August 5 – 8, 2014	Group A (6-9) Group B (10-13) Group C (14-17)	\$250.00
Week Seven	August 11 – 15, 2014	Group A (6-9) Group B (10-13) Group C (14-17)	\$250.00
Week Eight	August 18-22, 2014	Group A (6-9) Group B (10-13) Group C (14-17)	\$250.00
Week Nine	August 25 - 29, 2014	Group A (6-9) Group B (10-13) Group C (14-17)	\$250.00
<b>Total Weeks</b>			<b>Total</b>
			\$ _____

**Fees Do Not Include 13% Harmonized Sales Tax, Please mail signed enrolment and all other forms. Include a cheque covering fees plus 13% HST to ensure your spot for the 2014 Summer camps. Payments can be made by e-transfer, cheques or cash. If paying by e-transfer or cash please contact 613-297-9856 to make arrangements.**