



Canadian Parents for French Ridge-Meadows Chapter

French Summer Day Camp 2019

August 19 – 23, 2019, 9am to 3pm

Bienvenue FUN IN FRENCH!

The CPF-Ridge Meadows summer camp offers French Immersion students an opportunity to develop French language skills while enjoying great activities. Every day the program includes games, sports, singing, and crafts. Special activities include theme days, special guests and walking excursions. Everyday campers make new friends!

CAMP PROGRAM

CPF Summer Camp is a French Immersion camp organized to benefit children learning French. The objectives of the Camp program are to: have FUN in French, promote the USE of language, strengthen language SKILLS, and MOTIVATE students to continue in French language studies.

LOCATION

CPF Summer Day Camp is a small, French Immersion day camp that operates out of the Maple Ridge Alliance Church, located at 20399 Dewdney Trunk Rd, Maple Ridge.

CAMPERS

French Summer Day Camp is for children **going into Grades 1 through 5 in September 2019**, who are enrolled in a French Immersion program or have basic speaking ability in French. Enrolment is limited to **40** campers so the camper to counsellor ratio is low and allows for individual attention. Campers and staff are expected to spend the majority of their day speaking French in a supportive learning environment.

STAFF

Are also full-time French Immersion teachers in School District 42. They come to these positions with French Immersion experience and a passion for teaching. Other staff members consist of high school aged counsellors who enjoy working with younger ages and sharing their French language experience.

QUESTIONS

Contact us at cpf.ridgemeanows@gmail.com.

Return the completed registration form, medical form, waiver and the \$175 fee by June 30, 2019

- ✦ The Registration Package must be accompanied by the \$175 fee, to secure a place that will be confirmed via e-mail within 2 weeks of receipt of the Package. All cheques are made payable to CPF Maple Ridge - Pitt Meadows. **Mailing address: CPF Maple Ridge - Pitt Meadows, C/O Katherine Albrechtsen, 20321-123B Avenue, Maple Ridge, V2X 0M9.**
- ✦ CPF annual membership is required, and should be valid through August 31, 2019. If necessary please join or renew online (<https://cpf.ca/en/membership/>) and include registration and membership number with your camp registration.
- ✦ Registrations are processed in the order of receipt of a fully **completed** Registration Package. Packages are available online at <http://cpfridgemeanows.wordpress.com/> under Event/ Summer Camp.

Cancellation & Refund Policy

- ✦ \$50 is held as a non-refundable deposit. If an application is cancelled after June 30, 2019, the fee paid up to that point, minus the \$50 deposit, is refunded only if another camper can take the vacant spot. At the discretion of the Camp Director, the camp may be cancelled due to insufficient enrollment; families would be informed of a cancellation no later than **June 30** and would get 100% of their camp fee back.
- ✦ Refunds **will not** be issued in instances where the camper is removed from the camp program at the choice or request of the camper or camper's parent(s)/guardian(s) or is dismissed from camp for contravention of camp guidelines or the camp Code of Conduct for behaviour.
- ✦ A service charge of \$30 will apply to payments declined by the chosen financial institution.

Camp Rules to be followed by participant in Camp

- ✦ Speak French to best of his/her ability.
- ✦ Participate and cooperate in all activities in a respectful manner.

If my child does not follow the rules of the Camp, he/she will be asked to withdraw and no refunds will be made.



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REGISTRATION FORM

CPF membership #: _____ Expiry date: _____

Camper Information:

Camper's Family Name: _____ First Name: _____

Date of Birth (M/D/Y): _____ Age: _____ Gender: Male Female Grade: _____

Address: _____ City: _____

Postal Code: _____ Home Tel: _____ E-mail Address: _____

French Speaking Ability: Hesitantly Fluently French Understanding: Some Fluent

French Program: Early Immersion Late Immersion School: _____

IMPORTANT: Please keep us informed of any change in e-mail address as e-mail is the primary mode of communication.

Parents /Guardians:

Full Name	Relationship	Phone #: Home	Phone #: Bus. or Cell

Legal Custody: Both Father Mother Other then specify your relationship _____

Which person should we contact first in case of emergency? _____

Alternate Contact in case of emergency when parents/guardians cannot be reached:

Full Name	Relationship	Phone #: Home	Phone #: Bus. or Cell

You are responsible to inform us of any changes in phone numbers or place of residence during the camp that might differ from the information on this form.

Please indicate if other adults may be picking up your child other than parent/guardian and listed below: Yes No

Full Name	Relationship	Phone #: Home	Phone #: Bus. or Cell

Names of people who are legally restricted from access: _____

Please check all boxes before submitting application form. A failure to complete and sign this section will result in the cancellation of this application.

I understand that the 1st page of this Registration Form will be shared with Canadian Parents for French to process your membership.

I understand that the personal information collected on this form is for the purpose of enrolment or otherwise shall be considered confidential and shall not be used or made available to anyone outside of the CPF Ridge Meadows French Summer Camp.

Name of Parent/Guardian: _____ Signature: _____

Date: _____



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Medical Form

Camper's Last Name:		First Name:		Age:	
MCP #		Family Doctor:		Phone #:	
Does your child suffer from: Asthma Yes <input type="checkbox"/> No <input type="checkbox"/> Eye sight Problems (other than glasses) Yes <input type="checkbox"/> No <input type="checkbox"/> Diabetes Yes <input type="checkbox"/> No <input type="checkbox"/> Sensitive Skin Yes <input type="checkbox"/> No <input type="checkbox"/>					
MEDICAL INFO			DETAILS		
Does your child have any allergies? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list in space provided					
Is there anything in your medical history of which we should be aware? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list in space provided. Please note any outstanding medical issues (i.e. medical, physical, social or behavioral difficulties or weaknesses. If necessary, send attachments with full details.					
Are you taking prescription drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list in space provided along with a schedule for when they are to be taken.					
<i>All medications should be brought to camp daily. Prescription medication <u>MUST</u> be in the original container with user's name printed on label and directions for use.</i>					
Do you have special diet requirements? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list in space provided.					

Health and Safety:

Health and safety are emphasized at all times at CPF-Ridge Meadows French Summer Camp. However, your signature authorizes an emergency medical/surgical intervention should the need arise. All campers must have a valid health card number. **Due to allergies, we ask that no peanut or nut products be brought to camp.**

Authorization for treatment:

I hereby authorize to have staff arrange for any emergency medical care. In all cases attempts will be made to contact the parents/guardians first. The participants are responsible for their own medical coverage, including cost of an ambulance. I hereby release the camp organizer from all claims arising from the participation in any activity.

Name of Parent/Guardian: _____ **Signature:** _____

Date: _____



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Parent/Guardian Agreement, Consent and Waiver Form (Please Initial and Sign)

I permit my child to participate in the full range of activities and authorize the Camp Directors or their appointee, in the event of accident or illness affecting my child, to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as he/she may deem essential for the care and well being of the camper. Such action is to be taken only when immediate contact with the undersigned cannot be made.

I agree to release and indemnify, CPF-Ridge Meadows and the camp staff, its officers, employees and contracted staff connected with CPF camp, from all liability for damage resulting from the participation of my child or ward in the *French Summer Camp*.

I understand that the camp does not accept the responsibility for damage to, or loss of, personal belongings during the camp.

I understand that the Camp Directors have the right to terminate the registration of any camper at any time when it is deemed by the Director to be in the best interests of the child, or the camp.

I understand that there is a late pick-up fee and agree to pay the staff member(s) who stay late with my child, past the scheduled meeting time, as follows: \$10 for any part of each fifteen minute interval will be charged at the time of pickup.

I hereby give permission for my child to go on excursions off site. I understand all excursions will be carefully pre-planned and adequately supervised and I will be informed about them prior to taking their place. **I understand and authorize** that my child may be transported by walking to the off-site excursions under the supervision of the counsellors.

I have read all the above information in this Registration Form, including the Cancellation & Refund Policy, and agree to abide by the conditions outlined.

Photography release form: Some portions of the camp's events may be videotaped or photographed by our camp.

The camper's name may also be released to the local media and could be published in a newspaper or another print publication. Parent/Guardian, please check the box if neither our camp nor CPF are permitted to photograph, videotape or release the name of this student: MAY NOT be photographed or published.

CODE OF CONDUCT

*The safety of each individual is of the utmost important to the camp staff. **I and my child** recognize a personal responsibility to learn and follow at all times safety and other rules established by the Camp Director and staff. **I and my child understand that any behaviour that places my child, or others, at risk may result in immediate dismissal from the camp. I agree** to assume any expense(s) arising from program dismissal. **I understand that no refund** will be granted for dismissal or removal of my child at my own or my child's request before the end of the camp session.*

In order to ensure the safety and well-being of all participants Camp Directors, reserve the right to alter the program at any time without compensation to participants, parents or guardians.

I have carefully read, understand, and accept the Cancellation and Refund Policy, the terms of the parent/guardian release form and Code of Conduct information outlined above.

I am permitting my child _____ to attend the *French Summer Camp* operated by CPF-Ridge Meadow Chapter and camp staff.

Name: _____ Signature: _____ Date: _____

Mail the Registration Package + Fee cheque made out to CPF Maple Ridge - Pitt Meadows.

Mailing address: CPF - Ridge Meadows Chapter, C/O Katherine Albrechtsen, 20321-123B Avenue, Maple Ridge, V2X 0M9.