

Dear Parents,

We are pleased to provide you our registration form for the 2012 summer season.

Over the last 74 years, Camp Tékakwitha has acquired an enviable reputation by ensuring the continuity and the evolution of its educative mission. We offer to children and teenagers a sound environment where the exceptional beauty of nature, interesting and varied activities and the strengths of human relationships contribute to their development. This unique approach complements the education that children get from their family and school environments.

In addition to the Camper program for children from 8 to 12 and the "Explorateur" program for the 13 year olds, we also offer to teenagers from 14 to 17 years old the Pioneer program. A unique hiking program on the Appalachian Trail, representing a challenge like no other! You will find more information about this program on our website www.campdevacances.com.

The Camp offers stays of 2 weeks for the 8 to 10 year olds and also periods of four weeks for all ages (8-17 years old). Based on years of experience and the numerous positive comments that we have received, we strongly believe that the 4-week session is a preferable option. Children have plenty of time to create strong friendships and to enjoy their favorite activities numerous times.

All our staff and the vast majority of children being French-speaking, this is the perfect summer camp for your child to improve his fluency in French, while having good vacations. Our major concern being the wellbeing of all campers attending camp, we require that they possess a good knowledge of French language in order to enjoy their stay (be assured that our staff will help them for any difficulties). Over the last few summers, we have welcomed children from more than 20 States of the United States, as from many other countries around the world.

Starting November 15th, 2011, you will be able to register your child online on our Amilia platform, available on our website www.campdevacances.com or directly at this address www.amilia.com/camp-tekakwitha. You can also print and fill the present document and send it to our Quebec office by mail.

We will process registration from November 15th, 2011, following these priority rules:

- 2011's campers and pioneer will have this priority up to December 20th, 2010 if they are registering for the same period and group.
- After December 20th, priority will go to 2010 and 2011's campers independently of period and group they are registering for.
- After January 15th, registrations will be accepted without any priority for former campers

For more details and information, do not hesitate to contact us by phone at (418) 843-1532 or by email at ckta@campdevacances.com.

Hoping to meet you next summer!

Arnaud Drolet

Arnaud Drolet
Directive assistant, Camp Tekakwitha

OFFICE
707 boul. Charest Ouest
C.P. 54047
G1N 4T1, Québec

Telephone : (418) 843-1532

FOR SUMMER PERIOD
67 Camp Tekakwitha Rd,
Leeds, Maine 04263
U.S.A

Telephone : (207) 524-3101



Camp Tékakwitha – 2012

74th season



Office

707 boul. Charest ouest
C.P. 54047, Québec
G1N 4T1, Québec
Qc, Canada
Phone : (418) 843-1532

Summer

67 Camp Tekakwitha Rd.
Leeds, Maine. U.S.A., 04263
Phone: (207) 524-3101
Fax : (207) 524-3102
Email : ckta@campdevacances.com

Sessions dates		
Campers		Pioneers
8 to 13 years old (27 days) June 25 th to July 21 st July 22 nd to August 17 th	8 to 10 years old (13-14 days) June 25 th to July 7 th July 8 th to July 21 st July 22 nd to August 3 rd August 4 th to August 17 th	14 to 17 years old (27 days) June 25 th to July 21 st July 22 nd to August 17 th

Fees						
	Camper 8 to 13 years old 27 days		Camper 8 to 10 years old 13 or 14 days		Pioneer 14 to 17 years old 27 days	
	CDN	USD	CDN	USD	CDN	USD
Registration fees (to be paid at registration)	150,00\$	150,00\$	150,00\$	150,00\$	150,00\$	150,00\$
1 st payment (to be paid at registration)	600,00\$	600,00\$	325,00\$	325,00\$	640,00\$	640,00\$
2 nd payment (dated May 15 th)	1400,00\$	1400,00\$	755,00\$	755,00\$	1490,00\$	1490,00\$
Total	2150,00\$	2150,00\$	1230,00\$	1230,00\$	2280,00\$	2280,00\$

You can also make a donation anytime to the Camp Tekakwitha Foundation, helping several children every year to have access to camp. Please make a cheque payable to "Fondation du Camp Tekakwitha" and send it to our Quebec's office. You will receive by mail a tax receipt for that purpose.

Chartered bus and shuttle service
A chartered bus is available from Quebec City and Montreal for \$100 CDN, or \$200 for two-way. Shuttle service from Portland Airport can also be arranged. Fees for shuttle, from airport to Camp, are \$60 CDN or USD (one-way), or \$ 120, for two-way. Portland Airport has direct connections with Boston and New York.
Insurance
If your child is covered by your health insurance, it is important to fill the insurance section. If your child is not covered, an insurance fee will be charged to you account (only for Canadians). Fees are \$35.00 for two weeks and \$60.00 for one month period (Only available for Canadians).

Passport

Due to U.S. government requirement, Canadian citizens aged 15 years old or under are required to present proof of Canadian citizenship, such as birth certificate. Canadian citizens aged 16 years old or over must present a valid passport. Every children travelling by plane must also have their passport, for all ages.

Refund policy

Pensions fees will be 100% reimbursed for cancellations made before May 1st. In case of a cancellation made after May 1st, or before the end of the session at camp, the Camp will reimburse the smallest amount of the following: 50% of the pension fees or equivalent in un-consumed days of session. However there will be no refund in case of dismissal for misbehaviour (loneliness, pre-existing medical conditions, drugs, harassment, violence, vandalism etc...) and for reasons considered unjustified by Camp Officials.

Families

Families are numerous at Camp Tekakwitha and we would like to thanks them for their presence and support. So we are offering a discount to parents that are sending more than one child to camp.

Campers ou pioneers staying for 27 days

2nd child : 100 \$
3rd child : 150 \$
4th child : 200 \$

Campers staying for 13 ou 14 days

2nd child : 50 \$
3rd child : 75 \$
4th child : 100 \$

Information

In Quebec (office)

Phone : (418) 843-1532

Camp (after June 15th)

Phone : (207) 524-3101
Fax : (207) 524-3102

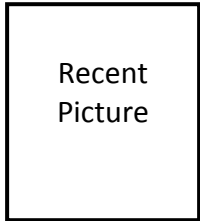
At all time, you can join us at email address : ckta@campdevacances.com

To obtain more information, you can contact our office or visit our Website : www.campdevacances.com



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74th season



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Registration Form		
First name: _____ Last name: _____		
Date of birth : _____ Age at camp: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div>		
Address : _____ Sex : _____ <div style="display: flex; justify-content: space-around; font-size: small;"> No. Street </div>		
_____ <div style="display: flex; justify-content: space-around; font-size: small;"> City State Zip Code </div>		
School : _____ Degree : _____ Language : <input type="checkbox"/> French <input type="checkbox"/> Fluent <input type="checkbox"/> Basic <input type="checkbox"/> English <input type="checkbox"/> Fluent <input type="checkbox"/> Basic		
Mother	Father	
Name: _____ Address : _____ _____ Email : _____ Home phone: _(____)_____ Work phone : _(____)_____ Cellphone : _(____)_____	Name: _____ Address : _____ _____ Email : _____ Home phone: _(____)_____ Work phone : _(____)_____ Cellphone : _(____)_____	
Insurance		
Company : _____ Policy Number: _____ Certificat number: _____ Policy Holder: _____ Insurance company emergency number: _____		
Indicate desired session		
Campers	Pioneers	
8 to 13 years old (27 days) June 25 th to July 21 st July 22 nd to August 17 th	14 to 17 years old (27 days) June 25 th to July 21 st July 22 nd to August 17 th	
8 to 10 years old (13-14 days) June 25 th to July 7 th July 8 th to July 21 st July 22 nd to August 3 rd August 4 th to August 17 th		

Methods of payment

- ❖ 1st payment (to be paid at registration) :
150,00\$ CDN or USD (registration fees, non-refundable) +
325,00\$ CDN or USD (camper of 2 weeks session) OR
600,00\$ CDN or USD (camper of 27 days) OR
640,00\$ CDN or USD (pioneer of 27 days)

- ❖ 2nd payment (dated to May 1st 2011) :
755,00\$ CDN or USD (13 or 14 days camper) OR
1400,00\$ CDN or USD (27 days camper) OR
1490,00\$ CDN or USD (27 days pioneer)

You can also make a donation anytime to the Camp Tekakwitha Foundation, helping several children every year to have access to camp. Please make a cheque payable to "Fondation du Camp Tekakwitha" and send it to our Quebec's office. You will receive by mail a tax receipt for that purpose.

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Parents declaration

- I accept the methods of payment and the refund policy stated above;

- I assert that this camper is physically, mentally and morally healthy, without any known contraindication for camp life;

- I authorize the Camp or any qualified medical personnel to provide the necessary care to my child;

- I authorize the Camp to picture, film my child or record his remarks during his stay on the camp, for promotional purposes.

Signature : _____

Correspondence :

Name : _____

Address : _____

No Street City

State Country ZIP code

Email : _____

Please do not forget: To indicate the desired session, to sign the declaration, to include the first payment (including registration fee), to join the post-dated cheque (last payment) and to include a recent picture of your child.



Health Certificate – 2012 Season



To be filled by the parents

General Information

Child's name : _____

Date of birth : _____ Age : _____

Date of stay: _____

Address : _____ City : _____

Zip Code : _____ Country : _____ Phone number : _____

Emergency

Name of the person responsible for the child : _____

Second address where we can reach you during your child's stay: _____

In case of absence, name of the persons we can reach

Name : _____ Phone : _____

Name : _____ Phone : _____

Insurance

Health Insurance Company : _____

Policy number : _____

Certificat number : _____

Emergency number : _____

Policy holder: _____

Health

Did your child had :

- Chikenpox Measles Whooping cough Mumps German measles

Does-he suffer from :

- Asthma Sleepwalking Allergy Otitis Intestinal problem Épilepsy
 Enuresis Hearth problem Neurological problem

Please give us some details about your child's health problem (if any) :

Does he have any allergy to medications? If yes, please specify:

Does he take any medications? If yes, please specify name of medication and posology:

(Prescribed medication must be kept in original packaging, joined with prescription and leaved at the camp infirmary)

Please note that the dates of the shots are really important for us to know

Date of last tetanus shot (DPT or DT) _____

If this last shot is more than 10 years old, the teenager must have a new one.

Date of the last Polio recall (sabin or salk) _____

Date of the last MMR shot _____

For girls

Did your daughter already have her first periods? Yes No

Are there any particular precautions to take? _____

If your child needs any Epipen or Ana-kit for his allergies, we ask you to bring at least two kits so we can put them in different places in case of an emergency.

Posology: _____

Who is the person authorized to administer and keep his medication?

Child himself: _____ Counselor: _____ Any responsible adult: _____

To be signed if your child has his Epipen or Ana-Kit at camp.

I, undersigned, authorize any responsible person designed by the authority of Camp Tekakwitha to administer in case of emergency the dose of adrenaline _____ to my child

Signature of parent : _____

Authorization to administer non-prescription medication

If need be, I authorize camp personnel to administer one or more of the medications listed below:

- Acetaminophen (Tylenol, Tempra, etc.)
- Anti-emetic product (Gravol)
- Antihistamine against allergies (Benadryl, Claritin, Allegra, Reactine, Phenergan, etc.)
- Cough syrup (Benylin, etc.)
- Anti-inflammatory medication (Advil)
- Antibiotic cream (Polysporin, Neosporin, Baciguent, etc.)
- Acetylsalicylic acid (Aspirin)
- Other: (medication accompanying the child, provided by the parents)

This list contains products most likely to be administered to campers by staff in charge of camp hygiene and health. Parents or guardians of children must check each item authorized separately. Moreover, it is better to indicate the type of medication rather than brand names such as Tylenol, Aspirin or Gravol (i.e. acetaminophen rather than Tylenol). This authorization also applies to all homeopathic remedies.

In case of emergency, I authorize the direction of Camp Tekakwitha to take good care of my child's health by a competent staff member and give him all necessary care. If needed, I authorize the Camp to use any good transportation to go to the nearest hospital. I authorize the physician chosen by the authorities of Camp Tekakwitha to give him all medical care required. If I cannot be contacted, I authorize all necessary medical treatments, surgical intervention, anaesthesia and hospitalization.

Name of camper: _____
Date of stay : _____
Signature : _____ Date : _____

To be filled by the physician – For self-administrated medication by the child

Name of camper: _____

This child can self-administrate the following medication: _____

Under the following frequency or circumstances: _____

Important: please state any precautions to take:

Physician name : _____

Signature : _____

Address : _____ Telephone : _____