



## Horizon summer camp

Last name : \_\_\_\_\_ first name : \_\_\_\_\_  
Birth date : \_\_\_\_\_ age : \_\_\_\_\_  
Address : \_\_\_\_\_

### Name and information of Parents or tutor :

Last name : \_\_\_\_\_ First name : \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number : \_\_\_\_\_ Link : \_\_\_\_\_  
Email address : \_\_\_\_\_

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Diagnostics :  Intellectual disability  Physical disability  TSA

Informations or other diagnostics : \_\_\_\_\_

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Living environment :  Natural family  RTF/RI  
 Work family balance

### More informations (niveau autonomie, mobilité, comportement, etc):

Mobility :  wheelchair  Autonomous

Transfert :  Autonomous  with help  At the lever

Disruptive behavior  Specify : \_\_\_\_\_

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Autonomy in activities of daily living: \_\_\_\_\_

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During 7 weeks : June 29th to August 14th 2026

### My child will be absent (holidays) during the week(s) of\* :

June 29th  July 6th  July 13th  July 20th  July 27th  August 3th  August 10th

My child will be present during all the 7 weeks

\*For an administrative matter, even if you take vacation during the dates of the day camp, you will still need to make the full payment for the camp. No discounts will be offered for absences.

Day of attendance :

Monday  Tuesday  Wednesday  Thursday  Friday

I want to use the extension hours service

(For an additional 7.50\$ per morning/evening block)

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**REFERENT (CISSMO) :**

Name : \_\_\_\_\_ Title : \_\_\_\_\_

Telephone : \_\_\_\_\_ Extension : \_\_\_\_\_ E-mail : \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**CONSENT AND AUTHORIZATION TO TRANSMIT INFORMATIONS :**

I \_\_\_\_\_, as \_\_\_\_\_  
User of tutor

I authorize Centre Horizon et le CISSMO to communicate verbally about the general situation in order to facilitate its integration.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**Registration end on March 13th 2026. Limited places**

*Your resgistration will be confirmed to you once your child's passport completed.*

**A fee of 625\$ is applicable at the resgistration of your child for the 7 weeks of summer camp.**

*Once your resgistration confirmed, you will be abl to pay by Zeffy's platform by selecting the summer camp form. A link will be sent to you with the invoice and the confirmation. You must have paid the membership fee to get the service.*

*If your child does not currently attending the Centre Horizon for an other service, we will communicate with you to make the intervention passport.*

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**You must send the registration form to [repit@centrehorizon.org](mailto:repit@centrehorizon.org)**

**\* All requests will be analyzed by Centre Horizon to ensure an adequate pairing between the kids.**

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I authorize the Horizon Multifunctional Center to use the information collected as part of this registration for administrative purposes.