

2018 SUMMER DAY CAMP APPLICATION

 Child's Surname First Name Sex Age MM / DD / YY

 Street Address City Postal Code Home Phone #

Allergy / Asthma / Other Medical & Food Restrictions *(attach sheet if necessary)* Epipen required

Immunization form attached

 1st Parent/ Guardian Name (____) Bus. Phone # (____) Cell Phone # _____ Email Address

 2nd Parent/ Guardian Name (____) Bus. Phone # (____) Cell Phone # _____ Email Address

 Doctor Name Address (____) Phone #

 Emergency / Pickup Name (____) Home Phone # (____) Bus. Phone # (____) Cell Phone #

Program & Payment Details

SESSIONS

1: July 3 – July 13 #2: July 16 - July 27 #3: July 30 - Aug 10 #4: Aug 13 - Aug 24 All Sessions

EXTRA DAYS *(please circle dates)*

June 27, 28, 29 Aug. 27, 28, 29, 30, 31

STATUTORY HOLIDAYS (camp is closed): July 2nd and August 6th, 2018

PROGRAM INFORMATION

Infant/Toddler Casa Elementary ESL Extended Hours
 Full Day Half Day (a.m.) Half Day (p.m.) Nap Additional Lunch

PAYMENT RECEIVED

Deposit (\$100) = \$ _____
 Session # 1, 2, 3, 4, All *(circle applicable sessions)* = \$ _____
 ___ Extra Days @ \$50/full day or \$35/half day = \$ _____
 Other: _____ = \$ _____
Total Payment Attached \$ _____

Method of Payment: cash cheque credit card



Payment available with a 1.95% fee charged by the Credit Card Company per transaction.

TO ENSURE PLACEMENT FOR YOUR CHILD: This form must be received with all payments by April 27th, 2018.

SUMMER DAY CAMP 2018 APPLICATION (continued)

- I/we hereby apply for registration for the herein-named child for the summer camp sessions as indicated on the reverse side of this application form and give consent to receive email/electronic communications from **CMS**.
- I/we confirm that I/we are ALL and the ONLY parent(s) and/or guardian(s) of the child.
- I/we have enclosed a payment of one hundred dollars (\$100) **as a deposit** and understand that this will only be applied to the last payment upon completion of a 2 week, 4 week, 6 week or 8 week commitment. Otherwise, the deposit is non-refundable.
- I/we have **enclosed post-dated cheques** for payment in full for the sessions I have registered my child for.
- In the event of an accident or illness involving my child, while my child is at the summer camp/school, I/we authorize the administration of any medical procedure deemed necessary by a qualified physician or hospital emergency department, including anesthetic.
- I/we understand that during the course of my child's daily activities in the summer camp / school, injuries may occur. I/we hereby agree to release and indemnify CMS, and its affiliates, from any and all claims and damages arising as a result of any accident, injury or incident involving my/our child, arising from participating in any school activities that is NOT caused as a result of the direct negligent act/omission of CMS and/or any of its staff.
- I/we consent to the use by CMS of the herein-named child's photograph in summer camp /school material, brochures and/or news media.
- I/we acknowledge that the summer camp/school is closed during the following days: **June 27, 28, 29 & August 27, 28, 29, 30, 31**. However, if I/we need "childcare" for such days, (no special events are planned), an additional fee of \$50.00 per full day/\$35 per half day is required. I/we also understand that, due to staff scheduling, there will be an additional daily fee of five dollars (\$5) per day for any such childcare registration received **after June 15, 2018**. **NOTE:** We are closed for statutory holidays on July 2nd & August 6th, 2018.
- I/we agree to give two (2) weeks written notice before ALL the sessions begin if I/we want to withdraw my child from summer camp / child care during the sessions.
- I/we understand that if I choose to volunteer on field trips and outings, I must provide the school with a recent **Vulnerable Sector Check/ Criminal Reference Check**. Forms can be requested from the school office.

Parent (1)'s /Legal Guardian's Signature: _____

Parent (2)'s/Legal Guardian's Signature: _____

Date: _____
