CMS
Central Montessori School

2022 SUMMER CHILDCARE APPLICATION (3-6 yrs) – **Willowdale Campus**

Child's Surname _____ First Name _____ Gender ____ Age _____ D.O.B ____/____/____ (MM DD YY)

Street Address _____ City _____ Postal Code _____ Home Phone # (____)_____

☐ Epipen required ☐ Medication

Allergy / Asthma / Other **Medical** & **Food Restrictions** (*attach sheet if necessary*) ☐ 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 Contact / Pickup Name _____ Home Phone # (____)_____ Bus. Phone # (____)_____ Cell Phone # (____)_____

Program & Payment Details

SESSIONS

☐ # 1: July 4 - 15 ☐ #2: July 18 - 29 ☐ #3: Aug 2 - 12 ☐ #4: Aug 15 - 26 ☐ **All Sessions**

STATUTORY HOLIDAYS (camp is closed): July 1 and August 1, 2022

PROGRAM INFORMATION

☐ Full-Day ☐ Half-Day (a.m.) ☐ Half-Day (p.m.) ☐ Optional Lunch for Half-Day ($120)

☐ Nap ☐ Extended Hours (5 – 6 p.m. - $90)

PAYMENT RECEIVED

Deposit:_____ = $_____

Session # 1, 2, 3, 4, All (*circle applicable sessions*) = $_____

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 FRIDAY, MAY 13, 2022.

2022 SUMMER CHILDCARE APPLICATION (continued)

- I/we hereby apply for registration for the herein-named child for the summer child care sessions as indicated on the first page 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 **two hundred dollars ($200) as a deposit** dated **June 1, 2022** and understand that this will only be deducted from 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 also **enclosed post-dated cheques** for payment in full for the session(s) I/we have registered my child in.
- In the event of an accident or illness involving my child, while my child is at the summer child care/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 child care/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 are 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 the school's materials, promotional brochures, website, Instagram, or online advertising or news media.
- I/we acknowledge that the summer childcare/school is closed during the following days:

  June 27, 28, 29, 30 **August 29, 30, 31** **September 1, 2**

  NOTE: We are closed for statutory holidays on **July 1 & August 1, 2022**.
- I/we acknowledge that the summer childcare will continue to request daily COVID-19 screening and indoor mask wearing.
- I/we acknowledge that we will follow any Public Health guidelines and CMS COVID-19 policies and procedures.
- I/we acknowledge that 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 child care during the sessions.
- I/we understand that in case of a government-mandated lockdown, the summer childcare will be cancelled and my payments will be fully refunded.

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

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

Date: _____