

## 2021 SUMMER CHILDCARE APPLICATION – Maplehurst 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

1<sup>st</sup> Parent/ Guardian Name \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_  
Bus. Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

2<sup>nd</sup> Parent/ Guardian Name \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_  
Bus. Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Doctor Name \_\_\_\_\_ Address \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Phone # \_\_\_\_\_

Emergency Contact / Pickup Name \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Bus. Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

### Program & Payment Details

#### SESSIONS

# 1: July 2 – July 16  #2: July 19 - July 30  #3: Aug 3 - Aug 13  #4: Aug 16 - Aug 27  **All Sessions**

#### EXTRA DAYS (please circle dates)

June 28, 29, 30  Aug. 30, 31, Sep. 1, 2, 3

**STATUTORY HOLIDAYS (camp is closed):** July 1 and August 2, 2021

#### PROGRAM INFORMATION

Casa  
 Full-Day  Half-Day (a.m.)  Half-Day (p.m.)  Nap  Additional Lunch

#### PAYMENT RECEIVED

Session # 1, 2, 3, 4, All (circle applicable sessions) = \$ \_\_\_\_\_

\_\_\_\_ Extra Days @ \$65/full day or \$40/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 **Friday, May 14, 2021.****

**2021 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 post-dated cheques** for payment in full for the session(s) I have registered my child in and the first cheque is dated June 28, 2021.
- 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 28, 29, 30**

**August 30, 31**

**September 1, 2, 3**

However, if I/we need “child care” for **3 to 6 years old children ONLY** (no special events are planned) an additional fee of \$65.00 per full day/\$40 per half-day is required. I/we also understand that, due to staff scheduling, there will be an additional daily fee of ten dollars (\$10) per day for any such childcare registration received **after June 7, 2021**. **NOTE:** We are closed for statutory holidays on **July 1 & August 2, 2021**.

- I/we acknowledge that if I register my child at other camps, there should be a two-week interval before attending CMS.
- I/we acknowledge that we should follow Public Health guidelines and CMS COVID-19 policies and procedures (such as: If any of our household travels, my child has to self-isolate for 14 days before attending CMS).
- 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 camp 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: \_\_\_\_\_ .