



**2021 SUMMER CHILDCARE APPLICATION (continued)**

- I/we hereby apply for registration for the herein-named child for the summer childcare 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 childcare/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 childcare/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 CMS is closed during the following days for classroom setup.

**June 28, 29, 30**

**August 30, 31**

**September 1, 2, 3**

However, childcare will be available for **TODDLERS** who have enrolled for that month with no extra payment if we receive their application forms by **June 7, 2021**. Please note that you **MUST RETURN THIS FORM** in order to register your child for the above mentioned days.

**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 I /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: \_\_\_\_\_