

**2021 INFANT/TODDLER SUMMER CHILDCARE APPLICATION –
York Mills Campus**

Child's Surname First Name Gender Age D.O.B MM DD YY Class

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 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

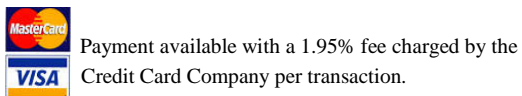
- | | | |
|---|--|---|
| <input type="checkbox"/> Infant | <input type="checkbox"/> 5 Full-Day \$1990/4weeks | <input type="checkbox"/> 5 Full-Day \$995/2week |
| | <input type="checkbox"/> 3 Full-Days (M.W.F) \$1480/4weeks | <input type="checkbox"/> 5 Full-Days (M.W.F) \$740/2weeks |
| | <input type="checkbox"/> 2 Full-Days (T.Th) \$1230/4weeks | <input type="checkbox"/> 2 Full-Days (T.Th) \$615/2weeks |
| <input type="checkbox"/> Toddler | <input type="checkbox"/> 5 Full-Day \$1795/4weeks | <input type="checkbox"/> 5 Full-Day \$900/2weeks |
| | <input type="checkbox"/> 3 Full-Days (M.W.F) \$1315/4weeks | <input type="checkbox"/> 3 Full-Days (M.W.F) \$660/2weeks |
| | <input type="checkbox"/> 2 Full-Days (T.Th) \$1100/4weeks | <input type="checkbox"/> 2 Full-Days (T.Th) \$550/2weeks |

PAYMENT RECEIVED

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

Total Payment Attached \$ _____

Method of Payment: cash cheque credit card



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 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 **INFANTS & 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: _____