

## 2021 ELEMENTARY SUMMER DAY CAMP APPLICATION YORK MILLS 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

#### FRENCH VARIETY CAMP AT THE MAPLEHURST CAMPUS

Sessions:

- # 1: July 2 - July 16     #2: July 19 - July 30     #3: Aug 3 - Aug 13     #4: Aug 16 - Aug 27

#### York Mills Campus (YC)

Sessions:

- #1: July 02 - July 16      Soccer, STEAM & Outdoor Multi-sports
- #2: July 19 - July 30      Basketball, Math Wizards, Drama & Outdoor Multi-sports
- #3: Aug 3 - Aug 13      Tennis, Little Architects, Cooking/Baking & Outdoor Multi-sports
- #4: Aug 16 - Aug 27      Table Tennis/ Badminton, Coding, Gardening & Outdoor Multi-sports

#### Maplehurst Campus (MC)

Sessions:

- #1: July 02 - July 16      Basketball, Science, Art & Outdoor Multi-sports
- #2: July 19 - July 30      Volleyball, Math Wizards, Gardening & Cooking/Baking
- #3: Aug 3 - Aug 13      Soccer, STEAM & Outdoor Multi-sports
- #4: Aug 16 - Aug 27      Badminton, Coding, Drama & Outdoor Multi-sports

**PROGRAM FEES** - (lunch included)

- YC:**     Full Day \$1,600 (4 weeks) / \$850 (2 weeks)  
**MC:**     Full Day \$1,710 (4 weeks) / \$900 (2 weeks)

**Note:** There will be no fee for before and after camp from 8:00 to 9:00 a.m. and 4:00 to 5:00 p.m.

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 **May 14, 2021.****

2021 ELEMENTARY SUMMER DAY CAMP APPLICATION (continued)

- I/we hereby apply for registration for the herein-named child for the summer camp 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/we 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 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 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 camp/school is closed during the following days:  
**June 28, 29, 30      August 30, 31      September 1, 2, 3**  
**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 camp/childcare during the sessions.
- I 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: \_\_\_\_\_