

**2023 JRCASA 3+ YEARS SUMMER CHILDCARE APPLICATION  
Willowdale Campus**

\_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Child's Surname First Name Age MM DD YY  
 \_\_\_\_\_  
 Street Address City Postal Code (\_\_\_\_) \_\_\_\_\_  
 Home Phone #

**Allergy / Asthma / Other Medical & Food Restrictions** (attach sheet if necessary)

Epipen required   
  Medication   
  Immunization form attached

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 1<sup>st</sup> Parent/ Guardian Name Bus. Phone # Cell Phone # Email Address  
 \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 2<sup>nd</sup> 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 - 28   
  #2: July 31 – Aug. 25

**STATUTORY HOLIDAYS (camp is closed): July 3 and August 7, 2023**

**PROGRAM INFORMATION**

Full-Day   
  Half-Day (a.m.)   
  Half-Day (p.m.)   
  Optional Lunch for Half-Day (\$100)  
 Nap   
  Extended Hours (5 – 6 p.m. - \$100 per session)

**PAYMENT RECEIVED**

Session #1, # 2 = \$ \_\_\_\_\_  
 Extended Hours (\$100 monthly) = \$ \_\_\_\_\_  
 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 MONDAY, MAY 1, 2023.**

**2023 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 a payment of **two hundred dollars (\$200) as a deposit dated June 1, 2023** and understand that this will only be deducted from the last payment upon completion of a 4 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 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.

**NOTE:** We are closed for statutory holidays on **July 3 & August 7, 2023**.

- 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 childcare during the sessions.

Parent (1)'s /Legal Guardian's Signature: \_\_\_\_\_

Parent (2)'s/Legal Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_