

**2023 JRCASA 3+YRS SUMMER CHILDCARE APPLICATION  
York Mills Campus**

Child's Surname \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
 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**

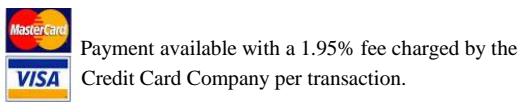
**PROGRAM INFORMATION**

Full-Day     Half-Day (a.m.)     Half-Day (p.m.)     Optional Lunch for Half-Day (\$150)  
 Nap     Extended Hours (5 – 6 p.m. - \$100 per session)

**PAYMENT RECEIVED**

|   |           |                 |
|---|-----------|-----------------|
|   | Deposit = | \$ _____        |
| Session #1, # 2                                   | =         | \$ _____        |
| ___ Extra Days @ \$75 /Full day \$90 after May 12 | =         | \$ _____        |
| Extended Hours (\$100 monthly)                    | =         | \$ _____        |
| Other: _____                                      | =         | \$ _____        |
| <b>Total Payment Attached</b>                     |           | <b>\$ _____</b> |

Method of Payment:     cash     cheque     credit card



**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: \_\_\_\_\_