

2023 JR. CASA SUMMER CHILDCARE APPLICATION – Thornhill 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 st Parent/ Guardian Name	() Bus. Phone #	() Cell Phone #	Email Address
2 nd 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 **\$1450**
 Half-Day (a.m. *Pick-up at 12:00*) **\$980**
 Half-Day (p.m. *Drop-off at 1:00*) **\$830**
 Optional Lunch for Half-Day (\$100)
 Extended Hours (5 – 6 p.m. - \$100 per session)

PAYMENT RECEIVED

Session # 1, Session # 2, (<i>circle applicable sessions</i>) =	\$ _____
Extended Hours (\$100 per session) =	\$ _____
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 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: _____