

**2025 ELEMENTARY SUMMER CAMP APPLICATION  
MAPLEHURST 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**

**FRENCH Variety Camp at the Maplehurst Campus:**

Sessions:     # 1: June 30 – July 11     #2: July 14 – 25     #3: July 28 – Aug. 8     #4: Aug. 11 - 22

**ENGLISH Specialty Camp:**

**At the Maplehurst Campus (MC)**

Sessions:     #1: June 30 – July 11    Music Making, Drama, Basketball  
                    #2: July 14 – 25                    STEAM, Cooking/Gardening. Tennis/Multipsports  
                    #3: July 28 - Aug. 8                    Basketball, Creative Arts, Digital Animation  
                    #4: Aug.11 – 22                    Soccer, 3D Art, Coding

**At the York Mills Campus (YC)**

Sessions:     #1: June 30 – July 11    Basketball, STEAM, Cooking/ Gardening  
                    #2: July 14 - 25                    Soccer, Music Making, Drama  
                    #3: July 28 - Aug. 8                    Little Architects, Creative Arts, Basketball  
                    #4: Aug. 11 - 22                    Coding/Robotics, Science & Arts, Tennis/Multipsports


**PROGRAM FEES** - (lunch included)

**MC:**     Full Day \$2 260 (4 weeks) / \$1 170 (2 weeks)  
**YC:**     Full Day \$2 170 (4 weeks) / \$ 1 125 (2 weeks)  
**Extended Hours Fee:**     \$50 (per session)

**Method of Payment:**

cash     Direct deposit (PAD)  
 Credit card

Payment available with a 3% fee charged by the Credit Card Company per transaction.



**TO ENSURE PLACEMENT FOR YOUR CHILD, THIS FORM MUST BE RECEIVED WITH  
ARRANGEMENTS FOR METHOD OF PAYMENT BY APRIL 10, 2025**

2025 ELEMENTARY SUMMER DAY CAMP APPLICATION (continued)

- I/we \_\_\_\_\_ (Parent(s) Name) authorize Central Montessori School, and the financial institution designated, to deduct the below amount as per the calculations indicated for summer camp payments.
- **Total Amount:** \_\_\_\_\_ Signature: \_\_\_\_\_
- 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.
- 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.

**NOTE:** We are closed for statutory holidays on **July 1 & August 4, 2025**.

- 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.
- A fee of \$200 will apply to any cancelations.

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

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

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