

2025 CASA 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

1st Parent/ Guardian Name _____ (____) _____ (____) _____
Bus. Phone # Cell Phone # Email Address

2nd 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

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

STATUTORY HOLIDAYS (camp is closed): July 1 and August 4, 2025

PROGRAM INFORMATION

- Full-Day
 Half-Day (a.m.)
 Half-Day (p.m.)
 Optional Lunch for Half-Day - \$90 per session (180/month)
 Extended Hours (5 – 6 p.m.) - \$50 per session

PAYMENT CALCULATION

Session # 1, 2, 3, 4, All *(circle applicable sessions)* = \$ _____
 Extended Hours @ \$50 per session = \$ _____
 Other: _____ = \$ _____
Total Amount to be Charged \$ _____

Method of Payment: Cash Direct deposit (PAD) Credit Card
 Payment available with a 3% fee charged by the Credit Card Company per transaction



2025 CASA SUMMER 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 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 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 give authorization for CMS staff to administer the following items as needed:
 Sunscreen Moisturizing skin lotion Lip balm Insect repellent
 Hand sanitizer Diaper cream Vaseline Other: _____
- 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 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 camp 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: _____

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