

2025 ELEMENTARY SUMMER CAMP 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

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

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)

<u>Sessions:</u>	<input type="checkbox"/> #1: June 30 - July 11 <input type="checkbox"/> #2: July 14 - 25 <input type="checkbox"/> #3: July 28 - Aug. 8 <input type="checkbox"/> #4: Aug. 11 - 22	Music Making, Drama, Basketball STEAM, Cooking/Gardening. Tennis/Multisports Basketball, Creative Arts, Digital Animation Soccer, 3D Art, Coding
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At the York Mills Campus (YC)

<u>Sessions:</u>	<input type="checkbox"/> #1: June 30 - July 11 <input type="checkbox"/> #2: July 14 - 25 <input type="checkbox"/> #3: July 28 - Aug. 8 <input type="checkbox"/> #4: Aug. 11 - 22	Basketball, STEAM, Cooking/ Gardening Soccer, Music Making, Drama Little Architects, Creative Arts, Basketball Coding/Robotics, Science & Arts, Tennis/Multisports
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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: _____