



2026 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 anesthetics.
- 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, online advertising or news media.

NOTE: We are closed for statutory holidays on **July 1 & August 3, 2026.**

- 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 cancellations.

Parent (1)'s /Legal Guardian's Signature: _____

Parent (2)'s/Legal Guardian's Signature: _____

Date: _____