



## 2026 LEADERSHIP CAMP APPLICATION

Child's Surname \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
 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

**At York Mills Campus**  
July 6 – July 17

**PROGRAM FEE** - (lunch included)  
\$950

**Method of Payment:**

Cash     Direct Deposit (PAD)

Credit card

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

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 Leadership Camp payment.

**Total Amount:** \_\_\_\_\_

**Signature:** \_\_\_\_\_



2026 LEADERSHIP CAMP APPLICATION (continued)

- I/We hereby apply for registration for the herein-named child for the Leadership Camp session 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 Leadership 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 Leadership 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.
- I/we agree to give two (2) weeks’ written notice before the session begin if I/we want to withdraw my child from the Leadership Camp.
- A fee of \$200 will apply to any cancellations.

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 THE METHOD OF PAYMENT BY APRIL 10, 2026.**