



2026 CASA 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

SESSIONS

ENGLISH FRENCH

1: July 6 - 17 #2: July 20 – 31 #3: August 4 – 14 #4: August 17 - 28

STATUTORY HOLIDAYS (camp is closed): July 1 and August 3, 2026

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





2026 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 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 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, online advertising or news media.

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

- 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 cancellations.

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

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

Date: _____