



# 2026 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

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

### **FRENCH Variety Camp at the Maplehurst Campus:**

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

### **ENGLISH Specialty Camp:**

#### **At the Maplehurst Campus (MC)**

<u>Sessions:</u>	<input type="checkbox"/> #1: July 6 -17	Music Making, Drama, Basketball
	<input type="checkbox"/> #2: July 20 - 31	STEAM, Cooking/Gardening. Tennis/Multisports
	<input type="checkbox"/> #3: August 4 - 14	Basketball, Creative Arts, Digital Animation
	<input type="checkbox"/> #4: August 17- 28	Soccer, 3D Art, Coding/Robotics

#### **At the York Mills Campus (YC)**

<u>Sessions:</u>	<input type="checkbox"/> #1: July 6 - 17	Basketball, STEAM, Cooking/ Gardening
	<input type="checkbox"/> #2: July 20 - 31	Soccer, Music Making, Drama
	<input type="checkbox"/> #3: August 4 - 14	Little Architects, Creative Arts, Basketball
	<input type="checkbox"/> #4: August 17 - 28	Coding/Robotics, Science & Arts, Tennis/Multisports

### **PROGRAM FEES** - (lunch included)

**MC:**     Full Day \$2 300 (4 weeks) / \$1 200 (2 weeks)

**YC:**     Full Day \$2 200 (4 weeks) / \$ 1 150 (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.



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 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: \_\_\_\_\_

**TO ENSURE PLACEMENT FOR YOUR CHILD, THIS FORM MUST BE RECEIVED WITH ARRANGEMENTS FOR THE METHOD OF PAYMENT BY APRIL 10, 2026.**