

# 2024 ELEMENTARY SUMMER CAMP APPLICATION MAPLEHURST CAMPUS

Child's Surname	First Name	Age	D.O.B// 
Street Address	City	Postal Code	() Home Phone #
Allergy / Asthma / Other Medical & Food R	estrictions (attach sheet if necess	ary)	☐ Immunization form attached
1st 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 2 - 12 □ #2: July 15 - 26 □ #3: July 29 – Aug. 9 □ #4: Aug. 12 - 23

# **ENGLISH Specialty Camp:**

## At the Maplehurst Campus (MC)

Sessions:	□ #1: July 02 – 12	Cooking/Gardening, Fine Arts, Multisports
	□ #2: July 15 – 26	3D Art, Coding, Soccer
	□ #3: July 29 - Aug. 9	Basketball, Rhytmic Dance, Drama
	□ #4: Aug.12 – 23	Tennis/Badminton, STEAM, Digital Animation
At the York Mills Campus (YC)		
Sessions:	□ #1: July 02 - 12	Basketball, Coding/Robotics, Science & Arts
	□ #2: July 15 - 26	Tennis/Badminton, Little Architects, Fine Arts
	□ #3: July 29 - Aug. 9	STEAM, Cooking/Gardening, Multisports
	□ #4: Aug. 12 - 23	Rhytmic Dance, Drama, Soccer

#### **EXTRA DAYS** (\$80 per day \$95 after May 10)

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

- **MC:** □ Full Day \$2 120 (4 weeks) / \$1 100 (2 weeks)
- **YC:**  $\Box$  Full Day \$2 030 (4 weeks) / \$ 1 055 (2 weeks)

**Extended Hours Fee:**  $\Box$  \$50 (per session)

#### **Method of Payment:**

 $\Box$  cash  $\Box$  cheque

 $\Box$  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 ALL PAYMENTS BY MAY 1, 2024.



## 2024 ELEMENTARY SUMMER DAY CAMP APPLICATION (continued)

- 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.
- I/we have enclosed a payment of **two hundred dollars (\$200) as a deposit** dated **June 1**, **2024** and understand that this will only be deducted from the last payment upon completion of a 2 week, 4 week, 6 week or 8 week commitment. Otherwise, the deposit is <u>non-refundable.</u>
- I/we have also **enclosed post-dated cheques** for payment in full for the session(s) I/we have registered my child in.
- 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 <u>that are NOT caused</u> 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 5, 2024.

• 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.

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

Parent (2)'s/Legal Guardian's Signature: \_\_\_\_

Date: \_\_\_\_\_