

**2024 SUMMER CHILDCARE APPLICATION – Willowdale Campus**

Child's Surname	First Name	Age	D.O.B <span style="font-size: small;">MM / DD / YY</span>
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**

**SESSIONS**

July (July 2-26)                                     
  August (July 29-August 23)                                     
  **Both Sessions**

**EXTRA DAYS** *(please circle dates)*

June 24, 25, 26, 27, 28                                     
  Aug. 26, 27, 28, 29, 30 (\$75 per day, \$90 after May 10)

**STATUTORY HOLIDAYS (camp is closed):** July 1 and August 5

**PROGRAM INFORMATION**


Full-Day                     
  Half-Day (a.m.)                     
  Half-Day (p.m.)                     
  Optional Lunch for Half-Day (\$100)

Nap                                     
  Extended Hours (5 – 6 p.m. - \$47.25 per session)

**PAYMENT RECEIVED**

Session # 1, 2, or All <i>(circle applicable sessions)</i>	=	\$ _____
____ Extra Days @ \$(75 per day, \$90 after May 10)	=	\$ _____
Extended Hours (\$100 per session)	=	\$ _____
Other: _____	=	\$ _____
<b>Total Payment Attached</b>		<b>\$ _____</b>

Method of Payment:     cash     cheque     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 WEDNESDAY, MAY 1.**

**2024 SUMMER CHILDCARE APPLICATION (continued)**

- I/we hereby apply for registration for the herein-named child for the summer childcare 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 4 week or 8 week commitment. Otherwise, the deposit is **non-refundable**.
- 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 child care/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 childcare/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, or online advertising or news media.

**NOTE:** We are closed for statutory holidays on **July 1 & August 5, 2024**.

- I/we acknowledge that I/we agree to give two (2) weeks written notice before **BOTH** sessions begin if I/we want to withdraw my child from summer childcare during the sessions.

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

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

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