

2024 SENIOR CASA SUMMER CAMP APPLICATION – Willowdale Campus

_____ D.O.B: ____/____/____
 Child's Surname First Name Age MM DD YYYY

_____ (____) _____
 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

1: July 2 – 12
 #2: July 15 - 26
 #3: July 29 – Aug 9
 #4: Aug 12 – 23

EXTRA DAYS (please circle dates)

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

STATUTORY HOLIDAYS (camp is closed): July 1 and August 5, 2024

PROGRAM INFORMATION

Full-Day
 Half-Day (a.m.)
 Half-Day (p.m.)
 Optional Lunch for Half-Day - \$50 per session
 Extended Hours (5 – 6 p.m.) - \$50 per session

PAYMENT RECEIVED

Session # 1, 2, 3, 4, All (circle applicable sessions)	=	\$ _____
Extra Days @ \$75 per day, \$90 after May 10	=	\$ _____
Extended Hours (\$50 per session)	=	\$ _____
Other: _____	=	\$ _____
Total Payment Attached		\$ _____

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 MONDAY, MAY 1, 2024.

2024 CASA SUMMER 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 **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 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, 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 **ALL** the sessions begin if I/we want to withdraw my child from summer camp during the sessions.

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

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

Date: _____