

2024 SUMMER CHILDCARE APPLICATION – Thornhill 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

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

EXTRA DAYS (please circle dates)

June 24, 25, 26, 27, 28 Aug. 26, 27, 28, 29, 30

NOTE: \$75 per day, \$90 after May 1

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 (\$150)

Nap Extended Hours (5 – 6 p.m. - \$150 per session)

PAYMENT RECEIVED

Session # 1, 2, or Both (circle applicable sessions) = \$ _____

____ Extra Days @ \$75 /full day = \$ _____

Extended Hours (\$150 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 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 ALL the 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: _____