

**2024 SR. CASA SUMMER CAMP 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

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**

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

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

June 24 25 26 27 28                      August 26 27 28 29 30

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

**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 <i>(circle applicable sessions)</i>	=	\$ _____
Extra Days @ \$75 /full day	=	\$ _____
Extended Hours (\$50 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 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: \_\_\_\_\_